The cause of the swelling is undoubtedly increased intra-cranial pressure, as proved by Pagenstecher, and quoted by Knapp.³ The result of the lumbar puncture in this patient is unfortunately lacking, except for the Wassermann test, which was negative. But the patient asserts that she has had little or no headaches since the lumbar puncture; which I think is conclusive evidence that the cerebro-spinal fluid was under pressure.

With regard to the ocular palsy. This again is a rare occurrence in chlorosis, but cases with this complication have been recorded. This patient's diplopia rapidly disappeared with the exhibition of iron, and no trace of diplopia could be found 16 days after active treatment was commenced.

In conclusion I should like to acknowledge my indebtedness to Dr. James Walch for his report, and to Dr. James Sprent for his report and progress notes, over a period of 8 months. Also to Dr. Sprent for his comment on reading this proof, that chlorosis is not so dead in Tasmania as supposed, for in the past 20 years he has seen 6 cases of undoubted chlorosis in Hobart.

Summary

1. A case of chlorosis with ocular complications is reported.
2. Three dioptries of papilloedema was found in each eye.
3. All eye signs disappeared after intensive iron therapy.
4. The patient has been well and free from eye signs for 12 months.

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TREMULOUS LENS

BY

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A MAN aged 50 years was found to have an almost mature cataract in the right eye. The left eye was hypermetropic and with correction read 6/6. A month later the cataractous right eye developed irido-cyclitis. Atrophy, in patches, of the pigment layer of the iris was made out with the corneal microscope; also there were

present fluffy masses on the anterior surface of the collarette. Septic teeth were found and, after extraction of these, the irido-cyclitis cleared up completely under treatment.

Extraction of the now mature cataract was contemplated but on examination with the slit-lamp microscope, the lens was found to be tremulous. The iris was not tremulous so that there was no dislocation of the lens; the tremulousness of the lens, however, was of the same quality as that of a tremulous iris; on the slightest movement of the eyes, the lens trembled as if it were suspended on an elastic string.

Comment

I can only interpret this phenomenon as being due to fluidity of the vitreous; the attack of irido-cyclitis was a severe one and at its conclusion left the eye with a slightly softer intra-ocular tension than the other eye. I have not found any reference to tremulousness of the lens in such literature as I have been able to procure.

TUBERCULOSIS OF THE CHOROID ASSOCIATED WITH GENERALIZED MILIARY TUBERCULOSIS*

BY

FREDERICK TOOKE

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FOR many years past the allegiance of oculists has been challenged. The question at issue has been, which has provided the greater source of scientific satisfaction, a foundation upon which a future superstructure of a complete ophthalmic expression can ultimately be raised, the Eye Hospital, Infirmary, or Institute, or the Ophthalmic Clinic as an integral unit in the various elements which form the regularly standardized or constituted hospital of to-day.

For the practising ophthalmologist, and much more for the self-styled ophthalmic surgeon, a great deal is to be said for the Infirmary in supplying in quantities operative material without which no surgeon can approach his subject with assurance, develop the delicacy and refinement of a surgical technique which the specialty imperatively demands, or in an entirely ethical sense by introducing him to the community at large through the medium

* Read before the American Ophthalmological Society, July, 1935.