Lisch states that the majority were of asthenic physique and looked ill, and Lutman and Favata mention the slender build and nervous temperaments of their cases. All those mentioned in this paper and four others under treatment at the present time are phlegmatic rather than excitable and, excepting case 2 with pituitary dysfunction, cannot be said either to be of any constitutional type or to look ill.

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 ADAPTATION TO ENVIRONMENT

BY

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It has been a practice, especially during the war years, to analyse the job, to analyse the men, and to attempt to fit the right man into the right job. It is thus assumed that certain people have characteristics which enable them to develop along one particular line, and that along this line they will do better than along any other. Newton has taught that action and reaction are equal and opposite in the physical sphere, and to a limited extent the same may be true in the psychological. In other words, although the man has an effect on his work, his work also has an effect on him.

The majority of us become ophthalmic surgeons in rather a haphazard fashion; in fact, the same may be true of the whole medical profession, and it is more than likely that its members represent a random sample of the upper middle classes, it being only occasionally true that anyone goes into the medical profession because he has a particular flair for it, or thinks that he has.

If this be true, it is rather extraordinary that such a large percentage of doctors make good, and that there are not a greater number of square pegs in round holes. It is true, however, that there are some and that in the course of time the sharp edges get worn by the cylindrical circumference of the containing environment. Are we all worn into more or less the same shape by 15 to 20 years of ophthalmic practice, and if so, what characteristics may one justifiably look for in an ophthalmic surgeon of some years' experience?

To take first things first, let us consider the environment in which the ophthalmic surgeon finds himself. The estimation and correction of errors of refraction form a large part of his work, and considered as "work" it cannot escape the indictment of "monotony." Monotony in work, however, is what a large proportion of humanity perhaps unconsciously desires, since to do one thing really well is a source of deep satisfaction. The writer well remembers a conversation with one of the first Labour Members of Parliament, in which he asked whether monotonous work was not one of the bugbears of those who labour in factories. He received the unexpected reply, "by no means, the work can be done mechanically and without conscious effort so that it sets the mind free to think about what it likes." In the case of the Labour member the sonnets of Shakespeare were instanced as one of the things over which his mind liked to roam, and in the case of the eminent oculist whom this issue of the Journal commemorates, it is perhaps permissible to suppose that though the sonnets of Shakespeare were at times in his mind, other questions such as intricate problems in optics, pathology, colour vision and psychology entered and were perhaps resolved. The elderly Labour member supported his contention by instancing the owner of a factory who felt compassion for his workers on account of the monotony of their tasks, and by the exercise of considerable ingenuity arranged matters so that each man would have a change of work every week. What happened was that after a fortnight he was faced with the prospect of a strike if he did not return to the old method!

Monotony may thus have its merits, and although a large part of our consulting work may be almost mechanical, we contrive to make it interesting by seeing to how high a pitch of accuracy we can raise our efforts to correct what is in reality a mistake on the part of Dame Nature, that stern old autocrat whom we alternately woo, in hoping she will provide healing after a cataract operation, and defy in removing a lens she has allowed to become prematurely opaque.

There is another aspect of refraction work, however, which cannot fail to have an effect on those who practise it, and this is that

our patients are being constantly placed in a dilemma, and whether they like it or not, must give a definite answer "better, or worse or the same." It has been related that Frenchmen say "two and two make four," whereas the Englishman prefers to state that "no one can contradict me if I say that two and two do not make five." These two attitudes of mind are continually found in our patients, and it must be instructive to the oculist to compare the answers to the same series of questions by, say, a fresh, uninhibited child of five or six with those of an aged diplomat or a prominent industrialist. Here again we may surmise that the critical faculty and insight into character which are such prominent features of him whom we commemorate in this issue, may have been fanned into activity by these experiences.

Another aspect of refraction work is the opportunity it gives of observing at close quarters the features, facial expression and general demeanour of a large variety of different types of human beings. The patient is so engrossed in looking at the letters that he or she is unconscious of anything else, and can be observed in a state of complete detachment. Most of the observations are trivial, as, for example, that very few people fail to possess enlarged pores in the skin of their nose, though they are often filled with face powder, and look all the worse for it; but now and again the twitchings of the lids, the restless movements of the hands, and so on will give a clue to the underlying neurotic cause of the headaches. It is not given to many members, even of the medical profession, to have the opportunity of fifteen minutes or so undisturbed observation of preoccupied individuals at close quarters, and several years of this engrossing occupation must have an effect on the mental outlook of the observer.

Alertness of another type is also called for if more important defects are not to be missed. To give but one example, the failure of a patient to read the last few letters of a line of test type with the right eye, and the first few with the left eye may indicate a bitemporal hemianopic scotoma, which calls for further investigation. The same alertness, or an even higher degree of it is called for in ophthalmoscopic examinations.

In fact, the oculist must often feel that his professional life is, so to speak, a constant one man "Brains Trust" with Dame Nature as the question mistress, waiting to catch him out if he fails to notice what may at first sight appear to be unimportant signs and symptoms.

Emphasis should perhaps be laid on the one man aspect of this struggle, since the oculist is a Caesar, in the sense that there is no appeal to a higher authority except in the rare instances when a second opinion can justifiably be sought. He is thus taught to

accept and eventually to welcome responsibility and the tendency to "pass the buck" which is probably inherent in most human beings is, we hope, suppressed. Carried too far, this acceptance of responsibility may develop into tyrannical authoritarianism, but such a state is happily rare, its occurrence being prevented by the failures and disasters which inevitably happen to all of us.

When it comes to operating, some new factors have to be considered. It occurred recently to the writer to wonder why patients behaved so much better now than they did twenty years ago. Various answers suggested themselves, such as pre-medication with sedatives, facial nerve block and so on, but it was not until some time had elapsed that he hit on the true answer, which was, that it was not the patients who were behaving better, but he himself. The ability to impart such a degree of confidence in another human being that he or she will permit of the performance of an operation on the eye, even though it be analgesic, is a wonderful possession and is not lightly gained. It demands on the part of the operator not only mental and physical fitness, but a degree of confidence in his ability to do what he sets out to achieve, and the possibility of communicating this confidence to his patient lying supine on the table before him. The same communication of confidence is important during convalescence. An extreme example of this occurred to the writer when he had to perform a cataract extraction upon a devout Roman Catholic priest, who was so convinced that divine aid would be forthcoming that he knew he had no cause for anxiety. In consequence of this, he lay in bed tranquil and relaxed after the operation, to such good effect that it was difficult to say after a week which was the aphakic eye, and the second eye was then dealt with, with a similar result.

Some more points remain in considering the environment of the ophthalmic surgeon. The first is the high percentage of success he achieves in the treatment of his patients. This tends to make him a therapeutic optimist as opposed to the nihilism which affects some of his medical colleagues and possibly to be over credulous as to the value of certain forms of treatment. He may mistake for organic cure a result which is in reality due to suggestion, but the main thing to him is that the patient is better, whatever the means by which this has been achieved. An example which occurs to one's mind is the cure of chronic dyspepsia by the correction of small degrees of astigmatism. Another point is that most of the operations he performs have results which are sudden and dramatic and may completely change the further outlook and potentialities of the patient; small wonder then that the oculist should receive many expressions of gratitude and kindness from his patients and that if at times he should lose faith in humanity these will help to restore it.

A third point which may have some effect on character is that the major part of eye work is meticulous and of an almost mathematical exactness which predisposes to clear thinking.

There are many other features of ophthalmic work which have been omitted in this short review, for example, the rush and hurry of a crowded out-patient department, the attempt to do good work with inadequate equipment, the realisation when teaching undergraduate students that ophthalmology is only a small branch of medicine and that all they want is the irreducible minimum of information. The first two may induce a feeling of frustration, but the last may beget some humility and a realisation that great though the field of ophthalmology may be, it is only part of the vast acreage of medicine, much of which we have not explored.

Such then is the environment in which we live and it seems to produce a kindly race of men with a wide knowledge of humanity, an ability to come to quick and wise decisions and a flair for accurate observation. That these and other qualities must have been present in some degree before engaging on ophthalmology is, of course, obvious, but that the practice of our profession encourages their growth seems a likely possibility.

ANGIOMATOSIS RETINAE, WITH REPORT OF PATHOLOGICAL EXAMINATION

BY

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LONDON

IN view of (1) the rarity of the condition (2) the lack of reports of late results of treatment, and (3) the fact that the affected eye of the second case was excised and examined pathologically, the following two cases seem worthy of record. One, Ada C., was first examined in 1936, had both eyes affected and had varied treatment; the second, Violet H., was seen at Moorfields by several surgeons and a fundus drawing was made in 1939; the writer did not see her until November, 1946, when the affected eye was found to be painful, blind and glaucomatous, and was therefore excised.

Case 1. Ada C., aged 28 years, attended Moorfields Eye Hospital on February 8, 1936, complaining of blurring of the sight of the left eye, apparently of sudden onset. At that date the R.V. was 6/6 6/5 (partly), the L.V. 6/60. After dilatation of the pupils, examination of the right fundus through clear media showed a disc of healthy appearance, two very dilated vessels passing into the