In Case III the sudden lowering of a raised tension may account for the occurrence of intra-ocular haemorrhage, but this cannot apply to Cases I and II unless there were antecedent vascular degenerative changes in the retinal or choroidal vessels of which there is no evidence.

It has been thought worth while to record the occurrence of this unusual complication in view of the fact that Guthrie's section is an operation resorted to not infrequently in cases of hypopyonkeratitis.

My thanks are due to Mr. Jameson Evans, Mr. Fulford Eales, and Mr. Harrison Butler for permission to publish the notes of these cases.

REFERENCE

(1) Török and Grout.—Surgery of the Eye, p 136,

A TONOMETRIC CHART

BY
T. HARRISON BUTLER,
LEAMINGTON SPA.

CONSIDERABLE time may be wasted in hospital work when a case

Charles D., aet. 65.

of glaucoma turns up after some lapse of time. To get a grip of the progress of the disease all the back notes must be read, and the Schiötz readings considered. It struck me that it would be useful to have all the tonometric readings plotted upon a chart. The enclosed graph was made for me by Messrs. Charlton & Co., of Birmingham, and I have had it in constant use for some months. I

Albert R., aet 54.

find that it effects a great saving of time. Mere inspection shows the progress of the case and the effect of any operation which has been performed. I plot the right eye tensions in red ink, the left in black. For the purpose of reproduction the right tension has been plotted in broken line. I have to thank my house surgeon, Mr. Sichel, for drawing the curves. The charts may be obtained from Messrs. Weiss.