ABSTRACTS

I.—DISEASE OF UVEA


(1) Fuchs states that in inversion the iris lies completely back upon the ciliary body, whereas in recession the iris is folded and incarcerated between the lens and ciliary body. Either condition may occur after cataract operations, when there has been prolapse of vitreous which fills the anterior chamber and pushes the iris backwards. In the region of the wound this displacement is particularly marked, the iris disappearing from view and giving the appearance of a coloboma whose two borders run backwards into the depth of the eye. The condition occurs frequently when attempting iridectomy in cases of traumatic dislocation of the lens. The anterior chamber is filled with vitreous and after making the incision the iris drops so far backwards that it cannot be grasped with forceps. During a curette evacuation, after needling, some vitreous escaped with the lens matter. A black hole appeared in the iris in the region of the corneal incision, there was no prolapse and the condition was due to retroversion. The phenomenon is also seen after perforating injuries, in which vitreous enters the anterior chamber and presses the iris backwards, and the same may occur with haemorrhage. It is found as a general rule, that if the traumatic perforation is in front of the scleral spur, the iris inversion or recession is on the opposite side of the eye, and *vice versa*, if the injury is behind the spur. In the latter case the foreign body indents the sclera to a considerable degree before perforating it, thus raising the intraocular pressure. After the perforation the whole contents of the eye are moved towards the opening in the sclera. The aqueous in attempting to reach the wound can depress the iris backwards or invert it on this side. The lens may be luxated towards the wound or entirely
expelled. Iris folding may also be caused by traction of inflammatory membranes. Thus a membrane may run across the whole anterior chamber and by its contraction press the iris completely into the circumlental space.

F. A. WILLIAMSON-NOBLE.


(2) Meller, in a very interesting review of the causes of iridocyclitis, comes to the conclusion that tuberculosis is a very much more important cause than is ordinarily thought. He recites all the various forms of tuberculosis which may be the primary source of the infection, but comes to the conclusion that, in ordinary cases, there can be no certainty as to the exact situation of the primary lesion.

He maintains, however, that in the therapeutic use of tuberculin, practical proof of the nature of the infection can be obtained, so much so that in his clinic tuberculin injection has become the regular method of treating chronic irido-cyclitis, and only in those cases where it fails are other methods tried.

He regards the dangers attending the use of tuberculin in the form of severe local reaction as definite proof of the tuberculous nature of the infection.

He gives no indication of what form of tuberculin he uses nor of the doses.

A. H. LEVY.

(3) Argañaraz, R.—The so-called syphilitic and rheumatic aetiology of affections of the iris and uveal tract. (La "sífilis" y el "reumatismo" como factor etiológico en las afecciones del iris y tractus uveal en patología ocular.) Arch. de Oftal. Buenos Aires, Vol. I, p. 61, December, 1925.

(3) The “Diagnosis of Convenience” of syphilis or rheumatism with which inflammatory lesions of the iris and ciliary body are often hurriedly labelled is commented upon by Argañaraz in a critical paper. He points out that true specific iritis occurs typically in the secondary, acute, febrile stage of the disease, and is a comparatively rare clinical entity; while the rheumatic diathesis is taken to apply to almost any toxic condition in the blood. He thinks that many of those obscure eye infections are rather to be associated with a chronic derangement of the gastro-intestinal tract, whose evident signs he takes as constipation, meteorism, and an excess of indican in the urine. To the poisonous products elaborated here he ascribes also the development of some amblyopias, and even of cases of juvenile cataract.
As illustrations he cites two interesting cases. One, a female aged 30 years, developed an unexplained diplopia due to paresis of the external rectus, accompanied by a great diminution of vision. The eye on examination appeared normal except for some very fine "k.p." near the angle, and similar fine deposits on both surfaces of the lens, detectable only with the aid of the slit-lamp. The commencement of antispecific treatment appears only to have brought on acutely an appendicitis which had been chronic for some time. Appendicectomy was performed, and within fifteen days the right vision was normal, the left was 0.5, and to the Maddox test there was orthophoria. The second, a case of amaurosis, got steadily worse under an intensive course of anti-specific treatment. Later the patient came to London, where Arbuthnot Lane performed a colectomy; very soon thereafter the vision returned to normal.

W. S. Duke-Elder.

BOOK NOTICES


This, which is the third volume of Terrien's work on ocular semiology, maintains the high standard of the two preceding volumes. Its title "The Crystalline Lens" fails to indicate the comprehensive character of the work which includes not only the healthy and morbid anatomy and histology of the lens, but under the heading "dynamic conditions" deals exhaustively with normal and abnormal accommodation, and with the central and peripheral nerve tracts concerned in this process.

The book is in three parts: the first part of 62 pages deals with the anatomy of the lens and its suspensory apparatus, its final paragraphs being devoted to the normal lens examined by means of the slit-lamp. This part also contains a concise and clear account, with instructive illustrations, of the development of the lens in man and other mammalia, followed by a section demonstrating the chief variations in its development in the other orders of the animal kingdom.

Part 2: "the physiology of the lens" is in greater part a detailed study of accommodation, in which, after some interesting historical observations, the rival theories of this process are clearly described and discussed, with the conclusion that the Helmholtz theory is the most worthy of support.