

muscles and a thickening of the aponeuroses, which either abolishes or greatly diminishes muscular contractility. Most of the symptoms observed in this variety of squint, could be explained by the formation of fibrous tissue. The diminished lateral movements of the eye, by the absence of muscular contractility; and the retraction of the eyeball, by the shrinking inherent to all fibrous tissue, and consequently to the shortening of the internal rectus, and the loss of elasticity of the external rectus.

The literature on the pathology of this disease is abundant; but the conclusions of Alling, Green, Türk and Bahr are unsatisfactory.

The condition of the sclerotic in all cases of congenital strabismus is interesting. Schoeller remarked that it was extremely thin; and in eight cases operated upon by him, he had three cases of perforation during tenotomy or advancement; and this was in no way attributable to faulty technique as in over 2,000 operations for ordinary squint, this accident never occurred. Both Axenfeld and Lagleyze have had similar accidents. In the latter's case he was demonstrating to the students the great resistance offered by the internal rectus, by making traction upon it with a strabismus hook, when he was disagreeably surprised to find that the sclerotic had given way just beneath the insertion of the muscle. On examination of the sclerotic it was found to be very thin and of a pale blue colour.

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ANNOTATION

Institutional Treatment of Eye Disease in Children

In the treatment of interstitial keratitis the benefit of any special measures may be open to discussion. There can, however, be no doubt as to the necessity for seeing that the patient is placed under the best hygienic conditions. Even if these were obtainable in our Metropolitan Hospitals the pressure on the available accommodation would prevent their use for such a chronic complaint.

Yet the difference between adequate and inadequate treatment in this disease may mean the difference between a useful and a useless citizen. In 1924, owing to the diminution in contagious eye diseases in the Metropolitan school district, it was found practicable to devote some space to cases of interstitial keratitis at White Oak, Swanley. Mr. Treacher Collins, Consulting Surgeon to the Hospital since its start as a trachoma school in 1903, states in the Children's Section of the Metropolitan Asylums' Board Annual Report for 1925-1926, that: "the result has proved eminently satisfactory. Twenty-four new cases were admitted and nineteen were discharged. In these latter the inflammation had entirely subsided without, in any case, leading to the incurable blindness which frequently ensues when treatment is neglected or inefficiently applied." He further adds that if the exceptional advantages which White Oak now offers for dealing with this distressing class of case were more generally known many more cases would be sent there for treatment. We trust that our readers in the Metropolitan area will bear this recommendation in mind.

The institutional treatment of trachoma and phlyctenular conjunctivitis in children has proved so eminently successful that its extension to cases of interstitial keratitis is to be heartily welcomed. The opportunities at present afforded are meagre considering the number of cases, especially as regards phlyctenular disease. Nothing succeeds like success and we confidently hope that even greater facilities may be afforded in the future.

ABSTRACTS

I.—ANATOMY AND PHYSIOLOGY

- (1) **Dejean, Ch.**—Anatomical and embryological study on the mammalian hyaloid; its rôle in the formation of the ocular media, its limits and structure. (*Étude anatomique et embryologique sur la membrane hyaloïde de l'oeil des mammifères. Son rôle dans la formation des milieux de l'oeil, ses limites, sa structure.*) *Arch. d'Ophthal.*, Vol. XLIII, No. 5, May, 1926.

(1) In this paper, which is a continuation of **Dejean's** previous work on the origin of the vitreous, the question of the staining reactions of the various parts of the developing eye is discussed. An attempt is made to settle the perennial arguments as to the mesodermal or ectodermal nature of the vitreous and the presence or absence of a hyaloid membrane. The paper is divided into sections as follows: