an appendix operation. The patient was highly neurotic and the eye
condition got on her nerves and on those of her mistress as well;
with the result that her surgeon was bombarded daily with letters
from the latter for about a fortnight, until a careful examination
demonstrated that no actual damage to the sight had resulted.
In the second case there was an abrasion of the cornea, and on
account of the patient's poor general condition it took some days
to heal.

We have said enough to draw the attention of our readers to
these unpleasant accidents due to general anaesthesia, and no
words are needed as to the treatment of such conditions, as this
follows the ordinary rules of ophthalmic practice.

ABSTRACTS

I.—GLAUCOMA

(1) Guist, C. (Vienna).—Orbital inflammation and glaucoma.
(Entzündliche Orbitalprozesse und Glaukom.) Zeitschr.
f. Augenheilk., p. 308, May, 1925.

(1) Referring to a case described by Seefelder (Wien. Med.
Wochenschr., 1924, Nr. 39-40) of a simultaneous serous tenonitis
and glaucoma, Guist reports three cases of a similar inflammatory
process in the orbit involving a secondary rise of tension.
The first case originally resembled an acute glaucoma, and an
iridectomy was considered; three days later, however, symptoms
developed confirming the diagnosis of a posterior scleritis of
unknown (rheumatic?) origin; the second case was a typical
tenonitis; the third an orbital cellulitis following involvement
of the maxillary antrum. The symptoms common to the three were,
oedema of the lids, chemosis, proptosis, loss of mobility of the
globe, visual failure, with pain, vomiting, and fever, accompanied
by a rise in ocular tension.
The first two, in default of a definite aetiological point of attack,
were treated symptomatically by miotics, general antiphlogistic
measures, milk injections, and aspirin. The first cleared up in
1½ months, the second in 20 days, the tension and the visual acuity
returning to normal together. In the third the antrum was
operated upon, and the eye had recovered within 12 days.
Guist considers the glaucoma due to venous engorgement,
caused by blocking of the venous exit channels, either at the
venae vorticosae (Cases 1 and 2) or in the orbital tissues (Case 3).
In the first case he observed a definite venous stasis at the optic
nerve head. The treatment should be directed to the exciting inflammatory cause; an operation for the relief of tension is unnecessary.

W. S. Duke-Elder.

(2) Malling, B. (Bergen).—Investigations with regard to the relationship between irido-cyclitis and glaucoma. (Untersuchungen über das Verhältnis zwischen Iridocyclitis und Glaukom.) Acta Ophthal., Vol I, fasc. 3.

(2) Malling publishes a second article on this subject, the first having appeared in the previous number of the "Acta Ophthalmologica." He has carried out experiments which have consisted in the compression of the globe by means of a Schiötz tonometer, usually with the 10 grm. weight in position but sometimes with the 15 grm., placed on the globe just above the limbus. At first the pressure was maintained for 7 minutes and the tension estimated in the usual way after 1, 2, 3, 5 and 7 minutes, but later, to simplify procedure, the pressure was maintained for only 3 minutes and no estimation of the tension made until after the tonometer had been removed. Thereafter a number of estimations of the tension were made during a period of 2½ hours. In all 59 cases were examined, 5 being normal and the remainder cases of glaucoma and various types of irido-cyclitis, and in no case did harm result from the examination. Malling found that the tension was first of all reduced, and then rose again after the weight had been removed, the rise being much slower in normal than in pathological cases. The degree of reduction of tension obtained was about the same for all the cases, with the exception of those of acute irido-cyclitis in which it was much less. The original figure was reached most quickly in cases of acute irido-cyclitis, next in cases of irido-cyclitis with increased tension, and considerably later in chronic irido-cyclitis, while in glaucoma varying results in this particular were obtained. In some pathological eyes the pressure rose to above the original figure, the amount of the rise being about the same in glaucoma, irido-cyclitis with increased tension, and acute irido-cyclitis, but considerably less in chronic irido-cyclitis. The maximum was again reached most quickly in acute irido-cyclitis.

Malling accepts it as proved that the ciliary body is the organ in the eye mainly concerned with the secretion of fluid, and considers that a means of judging its state would be available if exact information with regard to the secretion of fluid could be obtained. In his experiments the time taken to reduce the tension and the amount of reduction obtained indicate the state of the channels of outflow of fluid from the eye, while the time necessary for the regeneration of pressure and the degree of the rise express the degree of activity of the ciliary body. The latter was found
to be greatest in conditions of acute inflammation. He attempts to divide his cases of glaucoma into two groups, in one of which the activity of the ciliary body is increased while in the other the channels of outflow are blocked. His results tend to show that the prognosis for the trephining operation is better in the first group of cases than in the second. He concludes his article with accounts of eight cases in which he claims to have been helped in diagnosis and prognosis by his experiments.

E. H. Cameron.


(3) The only treatment of any value in such a case is the extraction of the cataract. The danger of infection is considerable, as cataract as a rule only develops in the later stages of diabetes. The employment of the keratome is recommended as Kraupa thinks there is less risk than if the usual flap section is made. An iridectomy should be avoided if possible.

The term glaucoma diabeticum should be reserved for those cases in which the onset of the glaucoma is due to the general vascular changes brought on by the diabetic condition.

S. Spence Meighan.

(4) Onfray, René, and Plique, Jean (Paris).—Infantile glaucoma with recurrent perforations of the cornea taking place spontaneously. (Glaucome infantile avec perforations spontanées récidivantes de la cornée.) La Clin. Ophthal., December, 1924.

(4) Onfray and Plique report a particularly interesting case of bilateral hydropthalmos in which the increased size of the eyeballs was noticed in the first few days of life. Perforations of the cornea began to occur in the first few weeks and continued in spite of treatment by iridectomy, pilocarpin and also "slight" mercurial treatment. The mother stated spontaneously that these perforations corresponded in time with the eruption of teeth and also with increases in the size of the eyeball. Then comes the interesting point that the Wassermann reaction of the mother was negative. The authors, however, did not themselves see the child till the age of fifteen months. They then found that the corneae measured about sixteen millimetres in the horizontal diameter, were opalescent and ectatic, that an iridectomy had been performed on the right eye during the early weeks, that the child was almost blind and that the Wassermann reaction was strongly positive. The child was put upon regular injections of novarsenobenzol which resulted in a very great improvement in the general condition and in the cessation of the perforations of the cornea. The authors
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comment upon three points in this case: (1) The necessity of looking for hereditary syphilis in children even when there are no lesions other than the ocular; (2) the relative precocity and the repetition along with increases of tension, of the corneal perforations, both, for the most part, coinciding with the eruption of teeth. With regard to the very early perforations in the first few weeks they suggest that as nitrate of silver had been used by the medical man on account of some slight discharge—and one gathers that it had been used to excess—this may account for the earlier perforations; (3) the remarkable result of novarsenobenzol treatment as compared with the inefficacy of ordinary mercurial treatment, pilocarpin, and iridectomy.

ERNEST THOMSON.


(5) The term “Oulectomy” (from ὀὐλόχειος cicatrix), proposed by Panas and de Wecker, is interpreted by the Bordeaux school as “anterior subconjunctival scleral resection, performed at a varying interval after an iridectomy, in the line of its cicatrix, to supplement its effect.”

Recurrence of hypertension after iridectomy in glaucoma is not uncommon, statistics showing that in about one-fifth of the cases this happens sooner or later. In such instances further interference is usually advisable and Pesme and Parinaud consider that this form of sclerotomy deserves a trial. They report three cases in which the results were satisfactory both in the immediate reduction of tension and in the permanence of normal tension. One of their cases was acute glaucoma with recurrence of symptoms shortly after the iridectomy, the others were chronic cases in which the effect of iridectomy lasted for fourteen months and five years respectively.

J. B. LAWFORD.

(6) Stefansson, J. (Winnipeg, Canada).—An operation for glaucoma Amer. Jl. of Ophthal., September, 1925.

Stefansson’s operation is a modification of that described independently by Mayou and Zorab in The Ophthalmoscope for May, 1912. Instead of the silk thread, however, a gold wire is used, which is prepared in the following way: 22-carat gold wire, 1/5 mm. in thickness is used, a length of 18 mm. is taken and bent together into the form of a T, the two ends being fused at the base. The perpendicular length of the T is about 3 mm., the length of the base about 4 mm., which is slightly bent to conform with the curvature of the globe. The operation is performed...
under cocain, the pupil being contracted with eserin. A large thick conjunctival flap is raised from the upper part of the globe and dissected up to the limbus but not beyond, \(i.e.,\) there is no splitting of the cornea. The flap is held forwards, a keratome incision is made obliquely into the anterior chamber commencing 1 mm. behind the limbus. The vertical arm of the wire \(T\) is now introduced through the incision into the anterior chamber, the base resting in the depression at the sclero-corneal junction. A special pair of forceps is used for this part of the operation. The conjunctival flap is then laid back over the wire, suturing being unnecessary if the eye is closed carefully. The eye is dressed on the second day after operation, and then daily. When the anterior chamber has fully re-formed, the point of the wire inset should be seen just behind the posterior surface of the corneal margin and well in front of the iris. No eserin is used after operation and the patient can be discharged from hospital in 5 to 8 days. With regard to results, 32 eyes have now been operated on by this method in 25 cases, and in none has there been the slightest sign of irritation or discomfort that could be attributed to the presence of the wire, except in the first case where the ends of the wire were not fused together, with the result that they penetrated the conjunctiva. The percentage results are: Total failures 9 per cent. (including a case with diabetes and nephritis), partial failures 13 per cent., successes 78 per cent. The paper concludes with details of the 25 cases.

F. A. Williamson-Noble.

BOOK NOTICES


Students of visual space perception have hitherto had to rely upon Helmholtz's "Physiological Optics," which has at last become available in the English language, Hering's still indispensable writings in Hermann's Handbook of Physiology and elsewhere, and current physiological and psychological literature. It is to be feared that most English students have obtained their information second-hand from text-books of physiology and psychology, and this is particularly so with regard to Hering's work, much of which is buried in journals difficult of access. Hering's views on space perception are still so important and so stimulating that it would be well worth while to reprint his chief contributions. Both of these chief sources are now almost