Amongst the sixty-one cases there were 28 immature, 19 mature, 8 hypermature, 4 complicated, and 1 myopic. I consider that a great advantage of the operation consists in the elimination of secondary cataract especially in operations on immature cases. The procedures necessary for the removal of cortex must cause a certain amount of bruising of the tissues and may possibly lead to vitreous loss. Further, there is the necessity of dealing with the secondary cataract, a procedure not free from risk of infection and secondary glaucoma, and which may not yield an opening of a satisfactory type. A further advantage of the operation here described is to be found in the gentle nature of the procedure which exposes the patient to the minimum of risk.

LITERATURE


ANNOTATION

Nero's Emerald

Our readers are familiar with the story of the use made by Nero of an emerald to assist his weak sight when attending the games in the circus. The general belief was that this particular emerald was concave and that Nero was myopic. Dr. Marc Landolt has contributed a scholarly article on the subject in a recent number of the Archives d'Ophthalmologie (Feb., 1926). It appears that the legend is derived from a passage in Pliny and that the meaning thereof depends on the situation of a comma. As Latin writers in Pliny's time did not use commas the necessary comma may be inserted according to the pleasure of the translator. The actual passage reads as follows: "nisi cum conniveret ad prope admota hebetes." One side inserts the comma after the word admota, while the other side elects to place it after conniveret. In the first arrangement the meaning would indicate that Nero could only see near objects and was myopic. The second reading would indicate that Nero's vision for near objects was defective. In this latter
case Nero could no longer bear the proud position of being the first wearer of a monocle recorded in history. Suetonius in his account of Nero says of his eyes: “oculis ceasiis et hebetioribus.” This may mean either that he had grey eyes and defective vision, or that he had grey eyes with a dull lustre. Or even possibly that it was not the iris that was grey but the cornea as a result of some opacity. When this question of the eye has been decided we are not at the end of the difficulty. Pliny vaguely states that Nero as chief of the gladiators watched the fights with an emerald (Nero princeps gladiatorum pugnas spectabat smaragdo). This statement comes at the end of a long passage dealing with the nature of the emerald and pointing out the agreeable nature of its colour. He states that the sight after being tired by long use is refreshed by the sight of the green colour of the emerald as also by that of the green beetle, the latter being used by engravers to rest their eyes. Now if Nero used his emerald in this way there is no need to assume that he was myopic. Pliny in a later passage describes quite clearly the effect of the emeralds which were frequently concave in strengthening vision. Unfortunately, his reference to Nero does not follow this account, but does follow an account of the mirror-like properties of a flat emerald. From this arrangement certain writers have concluded that Nero used the famous emerald as a mirror. We agree with Dr. Landolt in declining to accept any such theory. As he points out, if Nero had turned his back on the games, such an unusual performance would certainly have been mentioned. Nero was a successful competitor in the chariot races, and therefore could hardly have been highly myopic or possessed very defective vision.

Nero’s emerald is not the only historical instance of the use of a jewel to aid vision, for we have also the story of Wilfrid’s beryl. Beryl is a silicate of aluminium and beryllium which crystallizes in long six-sided prisms. The more transparent and finely coloured varieties are known as emerald and aquamarine. Hirschberg deals with Wilfrid at considerable length in Graef-Saemisch (Vol. XII, p. 268, 2nd Edition). As far as can be ascertained from mediaeval Latin he used the beryl as an aid in reading, so we may assume that in that case it must have possessed magnifying properties the reverse of what has been suggested in the case of Nero.
OXFORD OPHTHALMOLOGICAL CONGRESS

Under the Mastership of Mr. Philip H. Adams, recently elected in succession to the late Sir Anderson Critchett, Bart, K.C.V.O., the Sixteenth Meeting of the Oxford Ophthalmological Congress took place at Oxford on July 14, 15, 16, and 17.

No meeting was held last year owing to the Convention of English-speaking Ophthalmological Societies, but with this exception the Congress has met annually since its inception in 1910. The membership, which in that year was 181, has steadily increased to 380 at the present time.

As in past years the proceedings took place in the Department of Human Anatomy through the kindness of Professor Arthur Thomson and members were again indebted to Keble College for hospitality.

The Congress was opened on July 15 by a short address of welcome by the Master followed immediately by a discussion on "Sympathetic Ophthalmitis." The opener, Mr. Malcolm Hepburn, began by outlining the history of the treatment during the past fifty years and comparing this with present-day methods.

With the dread of sympathetic ophthalmitis occurring, even many years after the injury, probably many eyes have been excised in the past which might have proved useful. The general trend of opinion now, however, was against the likelihood of sympathetic trouble appearing after a lapse of years, and it was to those cases of cyclitis developing within a few months after the exciting cause that he directed attention. Not all such cases are of the nature of sympathetic ophthalmitis and some scientific method should be aimed at whereby a cyclitis of sympathetic origin can be differentiated from one due to other causes.

The opener suggested that not all eyes which manifest keratitis punctata, even though of sympathetic origin, should be excised and that many eyes with keratitis punctata following injury or operation should be operated on for the relief of such symptoms. In quoting cases in support of this statement he further emphasized the value of the differential blood count. The finding of a great excess in percentage of the large mononuclear cells with decrease in the polymorphonuclears is a valuable guide in deciding the line of treatment to be taken.

Mr. S. H. Browning presented the bacteriological side of the subject dealing chiefly with the question of the differential blood count. Cases were quoted in which a change in the blood count had preceded any other signs of sympathetic ophthalmitis and which determined the line of treatment to be followed. Treatment by arsenical preparations of the "606" type was dealt with and
mention made of anaphylaxis and the anaphylactic theory of the disease.

Dr. G. E. de Schweinitz (Philadelphia) followed with a special reference to the work recently done by Verhoeff and presented at the meeting of the American Ophthalmological Society. Seven cases of sympathetic uveitis were treated by him by frequent subcutaneous or intra-muscular injections of diphtheria antitoxin in large doses. In four out of the seven a remarkable improvement in vision was obtained, but the effectiveness of the treatment was most striking in causing a rapid subsidence of the inflammatory condition. Dr. de Schweinitz expressed himself as being in agreement with Mr. Browning’s views.

Dr. Harrison Butler pointed out the value of the slit-lamp in detecting the earliest signs of the disease and mentioned illustrative cases.

Mr. Russ Wood described two cases in which the reaction to tuberculin tests was positive in each.

Professor Emile de Grósz (Budapest) stated that in the past 50 years 150 cases of sympathetic ophthalmitis had been treated at the No. 1 Eye Hospital at Budapest, making 0.28 per cent. of the total patients seen. Ten per cent. of these had followed operations, most of which had been performed elsewhere. In his view repeated operations on injured eyes increased the risk of sympathetic trouble. He was convinced that the inflammation was metastatic in nature.

Lt.-Col. H. Herbert referred to the iris-inclusion operation for glaucoma and the supposed risk of sympathetic ophthalmitis.

Mr. J. Gray Clegg spoke on the occurrence of the trouble after evisceration.

Lt.-Col. A. E. J. Lister commented on the rarity of the disease in hot dry climates.

The following also took part: Mr. A. F. MacCallan, Mr. A. Greene, Dr. Arnold Verrey, Mr. T. C. Summers, Mr. R. J. Coulter, Mr. N. C. Ridley, Mr. A. Zorab, and the Master.

Mr. Hepburn and Mr. Browning replied.

The afternoon was given up to demonstrations in the Scientific Museum as follows: Lt.-Col. H. Herbert demonstrated an iris-inclusion operation for glaucoma; Dr. G. Young showed statistics on ophthalmometry; Lt.-Col. A. E. J. Lister presented tables showing the weights of 180 cataractous lenses with details as to patients’ weights, age, blood pressure, etc. Dr. Thomson Henderson showed microscopical specimens of the ciliary region in mammalia and demonstrated his apparatus showing the mechanism of accommodation. Mr. Tomlinson demonstrated his light-sense test for the light-adapted eye. Lt.-Col. W. V. Coppinger showed (a) a prosthesis of crude Indian manufacture.
which had cut through the lid of the wearer, and (b) prints of the plans of the new Calcutta Eye Hospital. Dr. Burdon-Cooper demonstrated Pulfreich's phenomenon and brought forward evidence that the explanation was one connected with accommodation rather than with dark-adaptation.

In an adjoining room the most recent ophthalmic apparatus and instruments were on exhibit by a number of well-known firms.

On Friday morning papers were read by Dr. G. Young on (a) can an amblyopic eye recover good vision? and (b) a suggestion as to the cause of the invisibility of the retinal vessels and explanation of Purkinje's phenomenon. In the former he referred to the case of a man, aged 60 years, with an amblyopic eye associated with internal strabismus who had lost the vision of the good eye from embolism; the vision of the amblyopic eye improved in a year from less than 6/60ths to 6/6ths.

Dr. Marion Gilchrist presented some interesting medico-legal cases which, had time permitted, would have invoked much discussion.

The Doyne Memorial Lecture was delivered by Dr. Thomson Henderson of Nottingham, who had chosen as his subject "The Anatomy and Physiology of Accommodation in Mammalia." Admirably presented in every way the lecture was followed with the greatest interest. Some original and interesting theories on the physiology of accommodation were put forward whilst the anatomy of the ciliary region was shown in a valuable series of slides and drawings from various mammalia including man. Dr. Henderson was warmly congratulated upon his effort and received at the conclusion of his lecture the Doyne Memorial Medal for the year.

In the afternoon Lt.-Col. H. Smith, C.I.E., presented a review of the various methods of performing intracapsular extraction of cataract and described in detail his own latest method of expression, the outcome of his work during the past winter in India.

The paper was discussed by Lt.-Colonels Lister and Copping, Messrs. Zorab, Harrison Butler, Walker, Coulter and Jaques.

On the morning of Saturday Dr. T. S. Good, O.B.E., Medical Superintendent of the Oxford City and County Mental Hospital, read a paper entitled "Psychology and the Eye," in which he gave details of cases where the relief of trouble caused by refraction error had had a marked effect on clearing up mental disturbances, and of other cases in which no result was obtained, although eye symptoms were prominent in these but without abnormality in the eyes themselves. Many interesting points were touched on with regard to mental disturbance and sight. This suggestive paper well deserves reading in the original.
Dr. Harrison Butler followed with an instructive paper on the signs of inflammation in the eye when examined by the slit-lamp.

The proceedings of the meeting concluded with a paper by Dr. Margaret Dobson on the macular region as seen by red-free light. Some extremely interesting drawings of the appearance presented by the macula in both normal and diseased conditions were shown and revealed changes which could not be easily detected by other means.

The Annual General Meeting was held after the morning session on July 15, when the Council reported that 27 new members had been elected in the past two years, making a total membership of 380, that the attendance at the 1924 meeting was 101, that members and Associate members of the Convention of English-speaking Societies last year had been entertained at Oxford by the Congress and that the financial position was satisfactory.

The Council regretted to report the loss through death of the following: Sir Anderson Critchett, Bart., K.C.V.O. (Master 1924-1925); Edmund Landolt (Paris); Henri Coppez (Brussels); S. Lewis Ziegler (Philadelphia), Member of Council from 1911; J. B. Story (Dublin); S. Johnson Taylor (Norwich), Member of Council 1917-1923; Percy Bardsley (Salisbury); C. F. Harford (London), and J. L. Meynall (Manchester).

The Annual Dinner took place on the evening of July 15 in Keble College; amongst the guests being Professor Sir Archibald Garrod, K.C.M.G., and Professor J. A. Gunn.

The Congress was well attended, oversea members being represented by Dr. G. E. de Schweinitz, Professor Emile de Grósz (Budapest), and Dr. Arnold Verrey (Lausanne) amongst others.

ABSTRACTS

I.—LACRIMAL APPARATUS

(1) Poyales, F. (Madrid).—A new method of lacrymo-nasal fistulization with extirpation of the lacrimal sac. (Une nouvelle méthode de fistulisation lacrymo-nasal avec extirpation du sac.) Arch. d’Ophtal., September, 1925.

(1) An attempt to portray the method of operating devised by Poyales without the aid of his diagrams would convey but little to the reader. The operation as described seems to be in some respects superior to the known methods of dacryo-cystorhinostomy, and, as illustrated, is easy to follow: those interested