if this form of treatment be faithfully carried out as I have elsewhere given full directions, it will be admitted that I have not overstated or exaggerated its great influence for good in this affection.

A CASE OF BRAWNY TENONITIS

BY

R. R. JAMES

LONDON

A WOMAN aged 48 years attended my out-patient department at St. George's Hospital on April 14, 1928. Her eyes presented the striking appearance of what was called brawny scleritis by the late Sydney Stephenson. She gave the following history.

In 1889 she had had a tenotomy of the internal rectus of the left eye performed at Guy's Hospital by Mr. Higgins. The right eye had been inflamed for about four years and she had seen several ophthalmic surgeons about it; recently the left eye had begun to be affected in a similar manner.

She was wearing + 4.0 D. sph. glasses for distance and + 5.5 D. sph. for near work. The left eye was divergent; with her glasses the right eye obtained an acuity of 6/9; the left eye was found to be amblyopic and vision was reduced to counting fingers.

The illustration by Theodore Hamblin, Ltd., shows the state of affairs better than any verbal description. The peculiar salmon-coloured tint, together with the semi-solid looking chemosis of the conjunctiva has only to be seen once to be remembered. In the left eye it was instructive to see the process in its earliest stages. This appears as a uniform redness at the equator of the eye in its upper part, the swelling is slight, and no appearance of chemosis is visible; the front parts of the eye are normal. The chemotic area pits slightly on pressure. The Wassermann reaction is negative.

In this case the right optic disc showed an extensive congenital fibrous film.

A similar case was shown at a meeting of the Ophthalmological Section of the Royal Society of Medicine in the year 1913 under the title, "Brawny Scleritis," by Mr. Sydney Stephenson. It was published, with a coloured illustration, in the *Proceedings*, Vol. VII, p. 1.

In the discussion that followed, Mr. Treacher Collins expressed the opinion that the condition was really one of tenonitis and not of scleritis. With this view I am in entire agreement; I see no evidence in this case of any involvement of the sclera, and the condition of the left eye, in my opinion, supports the latter view.

Drawing by Theodore Hamblin, Ltd.

In the same volume, p. 71, a similar case is recorded by Mr. J. B. Lawford with the title of *brawny episcleritis*. Some cases of solid oedema of the conjunctiva published by Mr. Holmes Spicer in the *Trans. Ophthal. Soc. U.K.*, Vol. XVIII, p. 108, seem to be of a different nature.

CONJUNCTIVAL BRIDGE IN CATARACT EXTRACTION

BY

LESLIE PATON

LONDON

THE very definite advantages of leaving a conjunctival bridge in ordinary cataract extraction are counterbalanced by certain disadvantages. It is not so easy to do an iridectomy, should that be necessary, and sometimes the delivery of the lens is so much impeded that the bridge has to be cut through. By a very slight modification in the direction of the bridge, both these difficulties are overcome. Instead of making the conjunctival bridge straight

up, I have recently adopted the plan of making an oblique bridge. As soon as the scleral cut is completed, I depress the handle of the Graefe knife a little and cut obliquely up and out, so that the terminal bridge, about 2 mm. in breadth, lies level with, or just outside the outer margin of the cornea. This leaves no impediment to doing an ordinary upward iridectomy, nor to the straight-forward delivery of the lens, and yet the bridge acts quite efficiently in keeping the lips of the wound from gaping and in keeping the conjunctival flap in good position.

*Since the above article was set up my attention has been called to an article by Dr. Ewing in the *American Journal of Ophthalmology* for March of this year. The operation he describes is exactly similar to the one above described. I have thought it desirable to allow the short note to appear to call the attention of those who may not see the *American Journal* to a very useful small modification of the ordinary cataract extraction.