tissue cells rather than on the capillaries. From what Mr. Duke-Elder had said with regard to the vitreous, it appeared to him that the swelling of that gel was a more likely cause of the increased tension. Neither a dilatation nor an increased permeability of the capillaries seemed necessary.

Lieut.-Col. A. E. J. Lister (Bristol) said that anatomical factors must play a part, for microphthalmic eyes were liable to the disease, and he had seen it in a young patient with a small coloboma of the iris. He also cited a case where the attacks were definitely brought on by sewing for a few hours, the tension being quite normal as measured by the tonometer in the intervals. This suggested a convergence factor, with pressure from the exterior. In reply to a suggestion by Dr. Spencer (Baghdad), he had not seen in India any suggestion of a connection between trachoma and glaucoma.

Messrs. Cyril Walker (Bristol), Harty (New Zealand), Quick (Swansea), and Primrose (Glasgow) also spoke, and Mr. Duke-Elder replied.

Mr. A. H. Levy (London) read a paper on "Telescopic Spectacles."

Mr. Bishop Harman demonstrated an instrument (made by Weiss) designed to assist in the mapping out of central scotoma of the visual field.

ABSTRACTS

I.—MISCELLANEOUS


Finoff was led to use this method by the work of Morax, who had found it the most satisfactory way of sterilizing ophthalmic instruments. The knives remain polished, the points being uninjured and the edges sharp. The method is as follows: Knives are fixed in holders and placed in corked test tubes. Other instruments are arranged in metal boxes with tight fitting covers. Each container is wrapped in two layers of paper, labelled and placed in an electric sterilizer which keeps the temperature at 320° F. for a period of half an hour. At the time of operation the paper is removed and the sterile containers handed to the surgeon, who can open them as he desires. Once sterilized the instruments can be kept indefinitely and the only objection to the method is the necessity of having more than one set of instruments, if a second operation of a similar character is done the same day.

F. A. Williamson-Noble.
Bishop Harman, N.—The scotograph: an instrument designed to facilitate the fields of vision where there is a central scotoma. (Abstract of paper read at The Ophthalmological Society of the United Kingdom. April, 1928.)

Field taking is difficult where the macula of one eye is out of action. The device shown gets over most of these difficulties. A tube is bent at a right-angle midway in its length, and the two arms are so arranged as to give the seeing eye a false fixation spot which will correspond in position to the real one marked on the perimeter or scotometer.

The figure shows the plan of the instrument in reduced scale. E is the eyepiece. At the knuckle there is a double circle marked H, for the reception of the handle. At the extreme right-hand end of the tube is a plate, in the centre of which is cut a diamond-shaped aperture. At the knuckle of the bend of the tube is a large hole covered with a hinged lid, M, fitted inside with a plane mirror.

The patient holds the instrument before the eye which has fixation power. He sees the patch of light reflected from the mirror lid at the knuckle. The field of vision of the other eye and the scotomata are thereon mapped out. The instrument can be used for either eye.

The scotograph is made by Messrs. Weiss. It has been shown with the handle for holding in the hand of the patient, and this is the form I prefer, but the makers are prepared to fit it with a crank arm to clip on the upright of the perimeter.