

TABLE II.
COMPARISON OF SELECTED DISEASES.

Disease.	<i>With Vitamin "A"</i>				<i>Without Vitamin "A"</i>				
	CURED		RELIEVED		CURED		RELIEVED		
	Cases	Exposures	Cases	Exposures	Cases	Exposures	Cases	Exposures	
Conjunctivitis-	3	41	1	15	2	111	1	12	
Corneal Ulcer-	5	69	2	24	10	140	7	114	
Episcleritis -	3	58	—	—	4	92	2	51	
Interstitial Keratitis -	2	37	3	61	2	53	8	194	
Phlyctenular Ophthalmia -	11	125	3	39	10	256	6	106	
A total of 33 cases had 469 exposures.					A total of 52 cases had 1,131 exposures.				

HAEMANGEIOMA OF THE ORBIT

BY

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MRS. C., aged 26 years, a patient of Dr. Armour, of Woodhall Spa, was seen by us on January 24, 1930.

She complained that two years ago she had noticed some defect in vision in her left eye and that this had gradually become worse. Six months ago she noticed that this eye had become somewhat prominent and that the prominence had gradually increased to its present state. She made no further complaint at all.

On examination, it was seen that this left eye was proptosed to the extent of about 0.75 cm. The movements were full in every direction and no diplopia could be elicited. There were about five dioptres of hypermetropia and vision with a plus 5.5 D.sph. was 6/12. There was a mild, though quite definite degree of papilloedema as shown by fullness of the vessels and blurring of the disc margins,

but gross signs, such as pulsation of vessels, haemorrhages, etc., were absent. There was no bruit and depression of the head produced no further proptosis. The effect of compression of the jugular vein was not tried. It may further be added that the globe could not be pushed back into the orbit and that there were no signs such as tachycardia, tremor or other typical signs of exophthalmic goitre. It was, however, observed that the patient had two well-marked scars in the region of the orbit, the results of an injury by a branch of a tree when she was aged nine. A diagnosis of orbital new growth was made and this diagnosis was supported by Mr. Malcolm Hepburn.

Operation

A curved incision, $1\frac{1}{2}$ inches long was made in the outer side of the conjunctiva, close to the fornix. The external rectus muscle was exposed and divided, the severed ends being secured by sutures. The external canthus was then divided and a sagittal section made in the muscle cone. The optic nerve was found free for about $\frac{1}{2}$ inch



behind the globe when its track was lost, being apparently diverted by a mass of abnormal tissue. One of us attempted to pass the index finger behind the growth and though it did not seem as if much force were being employed, the growth, compressed between the finger and the outer wall of the orbit, was suddenly delivered, jumping out as much as a foot from the wound. The sensation which accompanied this movement was that of flipping a fresh cherry stone between the finger and the thumb. When freshly delivered, the tumour was the size of a medium-sized strawberry, spongy, heart shaped, liver coloured and enclosed in a glistening capsule; this latter appeared incomplete only at the bleeding points where the in and out going vessels had been severed.

Being uncertain as to the nature of the growth and realizing that the contents of the orbit had probably sustained considerable damage, it was decided to complete the sub-total exenteration of the orbit.

Pathologist's Report

Dr. E. S. Winter, pathologist to the County Hospital, Lincoln, reports as follows:—

The specimen, which is heart shaped, liver coloured and surrounded by a thin glistening capsule, measures rather over 2.5 cms. in length, 2.5 cms. in breadth and 1.5 cms. at its thickest part. On removing a small piece for sectioning, the contents seemed to consist of innumerable small spaces, separated by well-formed tissue and containing blood. Microscopically, the section shows irregular communicating spaces with walls lined with endothelial cells and filled with blood corpuscles. The specimen is a haemangioma.

ABSTRACTS

I.—RETINAL DETACHMENT

Rubbrecht, R. (Bruges).—The closure of holes in the retina.
(L'Obturation des Déchirures de la Rétine). *Arch. d'Ophtal.*,
March, 1930.

In this paper **Rubbrecht** deals only with operative technique, leaving out of consideration the rôle of retinal tears in the pathogenesis of detachment. After a tribute to Gonin as the pioneer of the treatment under discussion, he alludes to the difficulty often experienced in finding the hole in the detached retina; more than one examination may be necessary. The tear may be situated at the extreme periphery of the ophthalmoscopic field; it may be in a part of the retina which has become re-applied and distant from the actual detachment; it may be hidden by a fold of the retina and only discoverable when the patient has been recumbent for several days. Having found the hole it is necessary to localise it as exactly as possible, in order that the site may be indicated as nearly as is feasible on the external surface of the sclera. For this there are two essentials:—(1) to determine the meridian in which the tear lies, and (2) to calculate the distance between the lesion and the corneal limbus; or, as the author suggests, “to fix the longitude and latitude.” Rubbrecht's plan is as follows:—The patient is placed in a horizontal posture and looks directly upwards; the examination is made of the upright image.

In Fig. 1 the retinal tear is at D: the observer at A sees it projected on the edge of the pupil; this being dilated to its maximum,