

NOTES

VOLUNTARY EVERSION OF THE UPPER LID

BY

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Voluntary nystagmus I have seen, but the following trick appears to me so unique that I think it is worth recording.

A.B., male, 30 years of age, mechanic, came to the Glasgow Eye Infirmary on June 22 last to have a "fire" removed, and my attention was drawn, by the acting house surgeon, to the following manoeuvres.—The patient was seated in front of me with his hands on his knees, and by forcible action of his facial muscles alone, was able to evert the upper lid of either eye separately, or together, as desired, the cartilaginous portion of the lid being completely everted and left so. Closing his eyes and his mouth so as to get his facial muscles, as it were, stiffened, and then shutting his mouth and contracting forcibly the facial muscles below his eye or eyes, as the case might be, and including the orbicularis palpebrarum, he seemed to force the lower lid under the upper lid and so levered the latter upwards into the position of eversion. He informed me that he had acquired the trick in his childhood and had kept it up.

**INTRA-OCULAR HAEMORRHAGE AFTER OPERATION
FOR GLAUCOMATOUS CATARACT: RECOVERY
WITH USEFUL SIGHT**

BY

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USEFUL sight after intra-ocular haemorrhage following operation for cataract and glaucoma may be said to be almost unknown. In my experience it certainly has been so. Most authors recommend enucleation for it. In the case now recorded this was under consideration. The result of an iridotomy, performed $5\frac{3}{4}$ months later, was satisfactory and the case appears worth recording. I have to thank Dr. S. K. Ganguli, senior house surgeon, for his care of the case and for keeping the notes.

A Mahomedan coachman, aged 50 years, apparently a healthy man, was admitted on July 6, 1916, for glaucomatous cataract in the R.E. There was a history of gradual loss of sight for three months with sudden acute pain three days previously. There was

ciliary injection, shallow anterior chamber, steamy cornea, T + 2, ripe cataractous lens, with good p.l. and projection. After one day in hospital, during which leeches, salines, and eserin were used, operation was performed under chloroform; cocain and adrenalin in the eye. The section was sclero-corneal with a large conjunctival flap, iridectomy-dialysis, extraction with irrigation of anterior chamber with saline solution. Removal of some blood clots from the anterior chamber with iris forceps was followed by prolapse of vitreous.

The same evening, about six hours later, the dressings were found soaked with blood and the patient complained of severe pain in his eye. The bandage was removed and the wound found to be bulging. The conjunctival sac was full of blood clots which were removed. Both eyes were bandaged and morphia was administered.

The next day the dressings were soaked with blood and for about a week the wound bulged and serum oozed out of it. The pain gradually lessened. The wound had almost healed by July 19 and the pupil was occluded. He left hospital on the July 21 and attended the out-door regularly. He suffered from iritis for about a month. No pain after the end of October and no ciliary injection.

On December 29 iridotomy was performed under cocain, by a very ground-down fine Graefe's knife—cutting horizontally through the iris. He did well, and on January 25, 1917, with a + 11.0 lens saw 5/40 (dots). Seen again on March 6, the same lens gave him 3.5/15, and with + 16.00 he could see the eye of a needle at 12 inches. The fundus was seen badly, but appeared normal. There was incipient cataract in the other eye.

A NOTE ON THE AETIOLOGY OF SYMPATHETIC OPHTHALMITIS

BY

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NUMEROUS observers have remarked on the similarity between the microscopical characters found in sympathic ophthalmitis and those in tuberculous infections of the eye; indeed, Meller has suggested that the micro-organism causing sympathetic disease is already present in the blood at the time of the injury. Many cases of tuberculous disease of the eye have clinical appearances (such as fine "keratitis punctata," etc.), which are very similar to the early stages of sympathetic ocular infections.