rounded yellowish-grey infiltrations about 3 mm. in diameter and a large central area denuded of corneal epithelium which healed in five days.

The pre-auricular, parotid, submaxillary and anterior cervical lymph nodes were enlarged and indurated. Intra-nasal diphtheria complicated this case and necessitated the administration of diphtheria antitoxin.

A review of the geographical distribution and source of the bacterium tularense is given at the end of this paper. The disease is present in the Western States of Northern America, Russia, Japan, Norway, Sweden and Canada. Rabbits, rodents, coyotes, sage-hens and grouse are infected. The female wood-tick transmits the infection through its eggs to the larvae. The disease is not transmitted from man to man.

The bacterium tularense is pleomorphic and may assume coccoidal or bacillary forms.

H. B. Stallard.

CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

Sirs,—The following case may be considered of sufficient interest to be included in your columns. It appears to belong to that group of cases which Foster Moore describes in his "Medical Ophthalmology" as occurring "as an isolated phenomenon quite apart from progressive disease. . . and, indeed, as a congenital manifestation." Foster Moore describes various types. MacRae in a recent article in the "Transactions of the Ophthalmological Society" describes a case, and also refers to Adie, on the 'tonic pupil,' in the Brit. Jl. of Ophthal., of August, 1932. However, the present case seems to present features of its own.

History. The patient, a boy of 12, first came under the observation of an oculist in February, 1935. The note at that time is that "the pupil, is dilated, sluggishly reacting to light." I first saw him in June, 1935, when his condition was unchanged. It is not clear whether the condition existed from birth or not.

Present condition. The pupil, when I first saw him, was widely dilated, and reacted very slowly, and incompletely, to bright direct light. The indirect reaction was difficult to establish as undoubtedly present. Eserine had no effect. There was in addition, marked cycloplegia, which seems to be uncommon in these cases, and reading unaided with this eye was not possible. For what it might be worth, I ordered +3.25 sph. for near work
only in this eye, the distant vision being 6/6 unaided. The patient felt very comfortable for close work with this addition in the one eye.

I last saw the boy in March, 1936, and it was obvious that there was considerable lessening both of the dilatation and of the cycloplegia.

General. In this case the knee jerks were present and normal, and there were no signs of syphilis, or other history of disease, so far as I was able to ascertain. The Wassermann test was not thought necessary, and was not done.

Yours sincerely,

DAVID T. MACLAY, M.B.

6, CECIL STREET,
LYTHAM-ST.-ANNES, April 6, 1936.

PSORIASIS AND EYE TROUBLE

To the Editors of The British Journal of Ophthalmology.

Sirs,—Does Psoriasis appear on the Conjunctiva, and Margin of the Cornea?

The mucous membrane of the nose, lacrimal duct, and integuments of the face are often affected.

During the past 50 years I have seen several cases of Keratitis, a red ciliary zone, and inflamed conjunctiva, which I was inclined to consider as a spreading of this skin disease.

Should any of your readers have confirmatory evidence, it would be kind if they would communicate with me.

Yours faithfully,

W. BURROUGH COSENS.

28, LANDSOWNE ROAD.
TUNBRIDGE WELLS.

NOTES

The Annual Dinner of the Royal London Ophthalmic Hospital, Ophthalmic (Moorfields Eye) Hospital took place on Thursday, March 12, at the Langham Hotel. Sir John Herbert Parsons, C.B.E., D.Sc., F.R.C.S., F.R.S., presided, over a large attendance, including among others:—Mr. Theodore Luling (chairman of the Hospital), Sir Keith Elphinstone, Lady Lister and Mr. K. G. R. Vaizey (members of the Lay Committee), Col. A. H. Proctor (Dean of the British Post-graduate School), Dr. A. M. H. Gray (Faculty of Medicine, London