number of patients he has. He finds that patients usually return if the eye which has been operated on becomes partially blind. At Shikarpur this year we saw only three cases of retinal detachment and only one of these followed cataract extraction. A catholysis and diathermy set were in readiness but the operable cases (two out of three) refused operation. Dick, of Lahore, finds the condition very rare and no commoner after the intracapsular operation. For the visiting surgeon Shikarpur is a gold mine for operative work, and provides endless possibilities for experience and research in ophthalmology.

REFERENCES

(b) ——— Ind. Med. Gaz., Vol. LVI, No. 6, p. 212, 1921.
(d) ——— Observations on complications following 2,777 cases of cataract extraction. 1924.

ANNOTATION

Sight-testing for Employees

With reference to our annotation on Eyesight in Industry in the September number, p. 508, it may be of interest to allude to a method whereby the nursing sister attached to the works or even a lay person such as an overseer can rapidly sort out those employees who are likely to benefit from a detailed eye examination from those with normal vision.

Such a method is supplied by the “Stereosette,” and by the courtesy of Theodore Hamblin, Ltd., we have been able to examine a specimen of this instrument. We understand that it has been installed in some factories and that there it has the approval of welfare officers as a useful adjunct to their departments.

It is not an instrument for the prescribing of spectacles. It is a stereometer supplied with nine stereograms. The routine is simple, qualitative rather than quantitative; and rapidly discloses errors that need attention.

The tests take about five minutes; the examiner need not have a specialised knowledge of optics or of eyesight, and the results are recorded on an “efficiency pad,” which is supplied with the
apparatus and is most comprehensive. When filled in it would seem to give valuable information to those who by training and experience are in a position to make use of it.

Briefly the results shown by the nine tests are said to indicate that each eye has an acuity of 6/12 or better and that the binocular acuity is 6/9 or better; a vertical imbalance of 1° or less; an astigmatic error of 0.5 D. cyl. or less; 35 per cent. or more of stereopsis; orthophoria for near; J.6 at 33 cms. and recognition of colours. We confess that we were not impressed over strongly by the stereogram for colour testing and it appeared to be easy to induce an artificial hyperphoria if our eyes were not properly centred on the instrument. It would be absurd to expect that an instrument, which is intended for use by the laity who have no technical knowledge of the basic principles underlying the various tests, could offer more than a comparatively rough test. We would point out that there is no royal road to the diagnosis of eye diseases, errors of refraction and muscle balance, other than expert examination. We can conceive certain cases such as papilloedema and some cases of glaucoma which might easily escape detection as well as certain defects in the field of vision. High or even moderate degrees of hypermetropia in young employees, which might give rise to eye strain in many specialised branches of industry, would most certainly escape detection. At the same time we can also conceive quite a number of cases in which its use as a layman’s test would be helpful. Failure to pass the tests does not mean that the candidate should be discharged from his employment, but that he should be sent to an ophthalmic surgeon. As long as the possession of such an instrument by any factory or other employer of labour does not lead to a false feeling of security as to the ophthalmic health of the staff no harm will accrue.

ABSTRACTS

I.—UVEAL TRACT


(1) Hudelo and Voisin report the case of a man, aged 36 years, who was admitted to the Hôtel Dieu with clinical signs of hepatitis. His temperature was raised, he was an alcoholic and blood cultures were negative. Later septicaemia occurred, the patient became