Mr. M. L. Hepburn joined in the discussion on the previous papers.

"The treatment of tobacco amblyopia by acetylcholine." By Mr. P. McG. Moffatt.

A series of cases of tobacco amblyopia has been treated by acetylcholine, at the Royal Westminster Ophthalmic Hospital. The physiology and pharmacology of the choline compounds is discussed. Details of cases are given.

The Annual Dinner was held on Thursday, April 28, at the Langham Hotel. The President was in the Chair and proposed the health of the Society. He alluded to the importance of a close relationship between neurology and ophthalmology and referred to the activities of the Society in the past and of its association with famous neurologists and physicians.

Dr. Percival Hay proposed the toast of the Guests to which responses were made by Sir John Parsons and Major-General MacArthur. Mr. Leslie Paton proposed the toast of the President.

In connection with the Congress a trade exhibition of instruments and apparatus was held in the College of Nursing.

On Saturday afternoon facilities were afforded to some of the members to make a tour of the General Post Office. This was most interesting and instructive.

ABSTRACTS

I.—GLAUCOMA


(1) Maziny gives the percentage of glaucoma cases examined at the Egyptian Government Hospitals during the last twenty years. He shows that with the enormously increased number of new patients, which in 1935 amounted to more than a million, the percentage of glaucoma has diminished from 3·25 per cent. in 1919 to 0·73 per cent. He points out that this is due to the increased attendance of patients with less serious ocular conditions, and is not due to any defects in the recording of cases of glaucoma.

In the discussion Zaki stated that the highest incidence of glaucoma at the Minia Hospital was 4·5 per cent. in 1923, while in 1935, it was 1·2 per cent. It is remarkable that in the year 1934 he saw 392 glaucomatous patients at this hospital.

A. F. MacCallan.

(2) El Kattan reports an interesting case of glaucoma in a young lady of 26 years of age. She had an acute congestive attack in both eyes with a tension of about 80. The fact that it was bilateral and in so young a patient was remarkable. A history of nasal trouble was obtained, and sinusitis of both maxillary antra and of the ethmoidal cells was found. A few days after these had been drained the intra-ocular tension dropped to 17.

The pathological condition was a double Tenonitis secondary to the sinus inflammation, with subsequent pressure on the vortex veins, and the production of a severe congestive type of glaucoma.

A. F. MacCallan.


(3) A provocative dose of neosalvarsan was given before operation to 220 patients upon whom glaucoma operations were to be performed, and to 142 patients who were to be operated on for cataract. It was found that 17·2 per cent. of the glaucomatous patients, and 13·3 per cent. of the cataract patients were Wassermann positive. Most of the patients were operated on successfully, after having been given about 2·5 grammes of neosalvarsan intravenously, and several intramuscular injections of 1 per cent. perchloride of mercury solution.

A. F. MacCallan.


(4) Maghraby states that in 1936 he detected 19 cases of exfoliation of the lens capsule among 18,000 new cases examined at Zagazig Ophthalmic Hospital. Of these 19 cases, glaucoma developed in 16.

He refers to an interesting paper by Sohby on the same subject published in Vol. XX, p. 3, of the same Journal.

A. F. MacCallan.


(5) Nicolato had the opportunity of examining the eye of a patient suffering from primary glaucoma who died as a result of broncho-pneumonia. He finds marked changes in the part of the
nerve in front of the lamina cribrosa; the fibres in the middle of the nerve are broken up irregularly and have lost their capacity of receiving stains. The peripheral fibres retain their normal characters and pass over the scleral edge unaltered to the retina. The lamina cribrosa is unchanged in position and appearance. The supporting glial tissue breaks up after the loss of the nerve fibres, and the cup in the papilla contains only small detritus.

The lamina cribrosa is unchanged in position and appearance. The supporting glial tissue breaks up after the loss of the nerve fibres, and the cup in the papilla contains only small detritus.

The author compares these changes with those which may be found in the region of the iridic angle in chronic glaucoma, and believes them to be due to the altered condition of nutrition, and changes in the intra-ocular fluids. The chief cause cannot be the raised intra-ocular pressure since the middle fibres are those first affected; further, the disappearance of the glial tissue marks a difference between this state and other forms of atrophy.

HAROLD GRIMSDALE.

II.—MISCELLANEOUS


(1) The good clinical results obtained by the correction of the aniseikonia in a large number of patients lead Carleton and Madigan to stress the importance of examination for this anomaly in all cases with functional disturbances of the eyes, including those that are not relieved by correction of their refractive errors or motor abnormalities.

Cases of emmetropia and isometropia, in which an appreciable amount of aniseikonia was corrected, show that the latter may exist independently of ametropia.

The presence of anisometropia suggests the possibility of concomitant aniseikonia, but the coefficient of correlation of 0·6 between the differences in the sizes of the retinal images and differences in refractive power indicates that, although a correction for ametropia may be a partial cause of aniseikonia in the general run of patients, there is in many cases no relation between the two—in certain cases of anisometropia there may be no aniseikonia, while in others the correction of the ametropia may actually tend to reduce rather than increase the basic aniseikonia.

It is concluded that on the basis of the ametropia no arbitrary deductions as to the probable amount of aniseikonia in any specific case can be made.

THOS. SNOWBALL.