In Britain the belief is of great antiquity. Aubrey noted that "some person's eyes are very offensive," and in Beowulf occurs the following passage (here transcribed in prose form) which seems to allude to it.

"Now is the bloom of thy strength for a little while. Soon it will be that sickness or the sword . . . . or javelin's flight or ugly age or glance of eye shall darken thee."*

Among antiquarian odds and ends one sometimes comes across small glass balls, rather larger than a fives' ball, of brilliant colour. One in the writer's possession is a deep blue. It is said that these keep off the power of the evil eye. The folk-lore of flowers, on the other hand, ascribes all blue flowers to the dominion of Satan, so that those who are proud of their delphiniums should invest in a blue ball for purposes of indoor salvation.

In Bottesford Church, in the Vale of Belvoir, among the wonderful collection of monuments is one to the VIth Earl of Rutland. The inscription records that two of his children died in infancy by wicked practice and sorcery. The tale is that a female servant at the castle was dismissed by her employers. She, with her sister and her mother ("a monstrous malicious woman, full of oathes and curses and imprecations irreligious") set about to cast the evil eye on the earl's children. "They sickened very strangely, and after a while, died." One of the daughters of the old witch was executed at Lincoln in 1618, the mother is said to have committed suicide.†

Nowadays one supposes that some childish fatal complaint such as tuberculous meningitis would be considered in the diagnosis rather than witchcraft; but it happened long ago and was probably neither the first nor the last example of a so-called witch paying the extreme penalty for what was possibly a death from natural causes.

ABSTRACTS

I.—OPERATIONS AND THERAPEUTICS


(1) Kirwan, referring to an article by him in 1934, says that, so long as the visual fields in epidemic dropsy glaucoma show no

---

* From Jackson's Shropshire Folk-lore.
† The details are taken from Harrison's guide to Belvoir.
defect, immediate operation may be postponed in the hope that the general disease and with it the glaucoma will be cured before the optic nerves become permanently damaged by the increased intraocular pressure.

Absolute rest is essential and the patient must refrain from eating rice or mustard oil; should defects in the field become evident operation must not be delayed. He points out that temporary manoeuvres such as repeated anterior sclerotomies are not sufficient. In spite of the temporary nature of the disease it takes a considerable time to get it under control. In this disease anterior sclerotomy rarely produces a reduction of tension for more than twelve hours. Kirwan has had bad results in sclero-corneal trephining in these cases. It is true that the immediate result is satisfactory in most cases, but late results, such as a low form of irido-cyclitis, endophthalmitis, hypotony and secondary cataract have been too frequent and he now does not perform the Elliot operation in this type of case.

For the past year Kirwan has performed an anterior sclerectomy modified from the operation of Lagrange. Nearly 200 of these operations have been done to date and none of the serious late complications of the Elliot operation has been seen.

Under local anaesthesia a conjunctival flap is turned down and the sclera exposed as far as the limbus. A small keratome is passed into the anterior chamber from a spot 2 mm. from the limbus. The aqueous is allowed to escape slowly. The upper margin of the wound is depressed, allowing the root of the iris to present, and a small button-hole iridectomy is done. With gentle massage the rest of the iris returns to its place. With a pair of scissors curved on the flat a small sclerectomy is done, the portion cut off being 1 to 1.5 mm. in height and 2 mm. in breadth. The conjunctival flap is replaced and stitched with a continuous suture. This suture is removed on the fifth day. The eye is dressed on the third day and a drop of 1 per cent. atropine solution instilled. There is usually very little reaction.

Afterwards the filtering cicatrix is flat and never encroaches on the cornea. "One should remember Lagrange's advice (1937): 'Do not touch the cornea for it proliferates and do not touch the ciliary body, for it is resentful.'"

The paper is beautifully illustrated by a series of colour drawings showing the stages of the operation and an eye two weeks after operation, and a typical Elliot result to show the difference in the types of filtering scars. There is also a plate of the instruments used.

R. R. J.

(2) After detailing the various operations for these conditions Mirié describes a simple method which he has used with good cosmetic effect in 161 cases. Briefly, it consists in making an incision on the under surface of the lid parallel to and a few millimetres away from the margin. The thick lower edge of the tarsus and the lid margin are cut through and undermined, while the free edge of the main tarsal plate is drawn down and forwards into the wound and sutured to the line of the eyelashes.

D. R. Campbell.


(3) Bergler reports on 170 cases treated with about 1,000 applications of short-wave therapy. Each application lasted 20 minutes and on an average six sittings were necessary. Good results were obtained in suppurative lesions, such as serpiginous ulcer, in post-operative inflammations and in deep keratitis. The treatment was helpful as an additional measure in herpes corneae and in ocular tuberculosis. In three operated cases of retinal detachment as in some cases of retrobulbar neuritis it appeared useful.

Arnold Sorsby.


(4) Weeks and Morris report the results of induced hyperpyrexia in the treatment of a few cases of gonococcal affections of the conjunctiva and iris, syphilitic lesions in the sclera, cornea, iris and uveal tract. Iritis of unknown aetiology, superficial punctate keratitis and trachoma with a purulent staphylococcal conjunctivitis. The apparatus produces an electro-magnetic field with the patient acting as a resistance, and thereby internal heat is generated.

Before treatment investigations are made of the urine, blood count, haemoglobin, non-protein nitrogen, sugar, chlorides and an X-ray of the chest is taken. A high caloric diet is given and one day before treatment 4,000 c.c. of 0·6 per cent. saline is administered by mouth. On the day of treatment breakfast is excluded, a soap enema given and a sedative prescribed.

Contra-indications are old age, organic disease of the heart and kidneys, thyrotoxicosis, anaemia and emotional and nervous instability.
The temperature is raised to 106°F and over and during treatment the body temperature is taken per rectum and the pulse and respiration rates are recorded every five minutes. Treatment is discontinued if there are irregular fluctuations of temperature and if the pulse rises above 160 and the respiration above 45 per minute.

The number of cases treated was too small to form any definite conclusions but it seems that in gonococcal conjunctivitis the oedema of the lids and conjunctival chemosis is appreciably reduced and in gonococcal iritis the exudate in the anterior chamber disappears and the pupil dilates more fully and readily. One case of bilateral syphilitic scleritis and iritis showed a great improvement after three sessions of induced hyperpyrexia. In this anti-syphilitic treatment was not given until the pyrexia treatment was over.

The results in interstitial keratitis, syphilitic uveitis and trachoma were disappointing, no improvement occurred.

H. B. STALLARD.

II.—LENS


(1) Luderitz prepared frozen sections of normal lenses which had been removed by intracapsular extraction immediately after death. Each section of 30μ thickness was mounted and stained with haematoxylin-eosin, and reduced to ash at 600°. The ashed section were very hygroscopic. In young lenses the inorganic substance seemed distributed equally throughout the lens. With increasing age the ash of the cortex increased, while a large amount of calcium was found in the nucleus. Phosphate occurred mostly in the young fibres of the lens.

D. R. CAMPBELL.


(2) Urbanek has estimated the amount of vitamin C in the aqueous humour, serum and lens of cataract patients. He finds that in normals the young patient is better supplied with vitamin C than the old, but not every patient with senile cataract is deficient in vitamin C. The aqueous humour contains a relatively constant amount of vitamin C and does not show the same fluctuations as the serum. The lens is not responsible for the formation of vitamin C, nor does it govern the concentration in the aqueous. Vitamin C...
in the serum varied from 0.18–0.35 mgm. per cent. and with the administration of vitamin C this rose as high as 1.8 per cent. In the aqueous humour a range of 1.95–14 mgm. per cent. was found.

D. R. CAMPBELL.


(3) The authors treated eleven patients with senile cataract, and ten normal controls for seven months with vitamin B2 given either (a) as a tablet lactoflavin (Roche) twice a day, or (b) as 2 c.c. 0.5 per cent. solution of lactoflavin intravenously daily.

In 21 affected cases, visual acuity was improved in 10, worse in 7, and unaltered in 4, but slit-lamp observations on the same eyes showed improvement in none, a stationary condition in 9 and deterioration in 12. The authors thus conclude that vitamin B2 cannot be considered to have any curative or prophylactic effect in senile cataract.

D. R. CAMPBELL.


(4) Süßmann and Weekers, recalling the experimental work on galactose as an agent producing cataract, report that rats fed on glucose, sorbitol and other carbohydrates do not develop cataract. They found that rats fed on galactose take up three times as much water as control animals and excrete more. This increased intake of water is still more marked when the protein in the diet is cut down, whilst the administration of extract of the posterior pituitary had no effect. They further found that the addition of glycerine aldehyde acts as a preventative to the formation of galactose cataract; in vitro glycolysis of the lens is affected by the aldehyde.

ARNOLD SORSBY.

III.—MISCELLANEOUS


(1) The occurrence of citric acid in the intra-ocular fluids of a wide range of animals was studied by Thunberg's method. Individual variations in the same species are small. Birds show higher values for aqueous and vitreous than mammals and fishes. In all cases the aqueous content is higher than that of the vitreous,
the two being correlated, probably in a positive way, in a number of species. Only in calves and in man is there a definite and probably positive, correlation between the citrate contents of the serum and the aqueous. The aqueous and vitreous citrate concentration is higher in the calf than in the adult animal, as also in the bovine foetus than in its dam, the difference diminishing with increasing foetal age. In human aqueous the concentration is 26-32 c.c., and is not influenced by age, sex or the presence of cataract. There was, however, a statistically significant increase in cases of iridocyclitis, glaucoma and melanotic sarcoma, as also in the secondary aqueous of rabbits. Rabbits' eyes, infected with herpes gave a lower reading. Citric acid is present in the aqueous of eyes with such severe circulatory disturbances as thrombosis and embolism; it is also present in the subretinal fluid in detachment, it is absent in the aqueous formed post-mortem. Experimentally induced hypercitraicaemia raises the citrate level in the aqueous, and to a lesser degree, in the vitreous. A return to normal is parallel with the decline in the serum. The aqueous content can be increased by the instillation of tribasic sodium citrate into the conjunctival sac; absorption is greater if the corneal epithelium is abraded; the vitreous content is unaffected. Human tears contain 5-7 c.c.; mammalian retinae possess dehydrogenases for citric acid and for other substances. Occlusion of the eye reduces the citrate content of the aqueous.

ARNOLD SORSBY.


(2) De Silva and Robinson have carried out some experimental work on light sensitivity and visual adaptation at low illuminations on 1,238 subjects, 620 of whom they labelled “light-eyes” on account of light-grey, light blue and green colour of the irides and 618 “dark-eyed” individuals with dark brown and dark blue irides. The lightness of the colour is the important factor.

The apparatus used was designed to simulate a night driving scene. The observer was confronted with two glaring lights and was required to distinguish the direction of stripes painted on a rotating test object which has its own source of illumination, the threshold of sensibility being determined by increasing the illumination on the test object until the subject is able to distinguish correctly the direction of its lines. The index of glare sensitivity was ascertained in terms of the amount of light required to perceive the lines correctly.

The results of these tests supported the conception that “light-eyed” individuals of all ages were more sensitive to glare than “dark-eyed” persons and were unable to see so well under low illumination.
These facts have some practical bearing on driving vehicles at night time, when “light-eyed” drivers because of their greater susceptibility to glare and relatively poorer night vision than “dark-eyed” persons should exercise considerable care.

BOOK NOTICES


The importance of “word blindness” as a cause of reading disability in children has long been known. The present brochure is a statistical investigation of reading disability in 383 children (189 boys, 194 girls) between the ages of 7½ and 10½ years from a large primary school by Miss MacMeeken, under the aegis of the W. H. Ross Foundation for the study of the Prevention of Blindness. It would seem that the directors of the Foundation adopt a wide significance to the term “prevention of blindness.” The subject, however, is one of great importance and is well worthy of scientific investigation.

Tests of mental capacity by the Stanford revision of the Binet-Simon scale led to the conclusion that the group had a mean Intelligence Quotient of 100, and probable normal range of IQ. The criterion of disability was that the Reading Accomplishment Quotient (R.A.)—i.e.

\[
\frac{\text{Reading age}}{\text{Mental age}} \times 100 - \text{be 85 or less than 85, i.e., reading ability falls short of mental capacity by 15 per cent. On this criterion the incidence of disability is 9.1 per cent. (boys 12.2 per cent.; girls 6.2 per cent.). The disabilities met with revealed themselves as inability or difficulty to recognize the meaning of the combination of well-recognized letters into words; “static” reversals (e.g. b for d, p for q) and kinetic reversals (e.g. dna for and, hpally for happily), etc. The disability may be reasonably regarded as a “developmental aphasia,” and therefore essentially of cerebral origin.

Only four disability children were left-handed—an incidence of 4.4 per cent. of the 383 children, which corresponds with the normal incidence in the general population; yet it was shown that “left-handedness and reading disability run in families, and in such families there is heavy incidence of left-handedness.”