

ANNOTATION

The Problem of Glaucoma

Professor Emil de Grósz gave the Hunterian lecture* this year before the Hunterian Society. Before considering glaucoma he recalled that in 1892 a special meeting was held in London to discuss a project for erecting a monument by international subscription to that great Hungarian medical pioneer, Semmelweis.

His lecture reviews the problem of glaucoma. His experience is vast for he has operated on thousands of patients with this disease. "Glaucoma takes the first place in the causes of blindness. It causes blindness much more frequently than syphilis, tuberculosis, blennorrhoea or even injuries." The percentage is lower in countries of high culture with well developed public health administration. The percentage in England and Wales is 9 per cent.; in Holland, 13 per cent.; in Switzerland, 14 per cent.; in Germany, 15 per cent.; in Hungary, 17 per cent.; in Bulgaria 19 per cent.; in Greece, 24 per cent.; and in Egypt, 27 per cent. At de Grósz's hospital in Budapest the proportion of out-patients with glaucoma was 1.4 per cent. and 6 per cent. of in-patients were treated for glaucoma. Glaucoma is especially prevalent among the Jews. In 30 years experience at Budapest 12 per cent. were Jews forming 28 per cent. of the glaucoma patients. During his 30 years directorship of the clinic 5,000 operations were performed. Iridectomy, 2,773; trephining, 755; iridosclerectomy, 168; cyclodialysis, 1,006; anterior sclerectomy, 215; iridencleisis, 10.

The lecture by one of the world's doyens of ophthalmology is of great interest; it would certainly have pleased John Hunter had he been alive to hear it and we hope it will be widely read.

OXFORD OPHTHALMOLOGICAL CONGRESS

The Congress gathered at Keble College on July 5 and on July 6 Mr. Percival Hay (Sheffield) was installed as Master.

The Doyne Memorial Lecture was delivered by Mr. F. A. Williamson-Noble on "The ocular consequences of certain chiasmal lesions."

In the discussion on "orthoptic training" the treatment of heterophoria by this means was critically reviewed. Some emphasized the immense service that this treatment afforded in removing headaches, strains and potential neuroses whilst others maintained that relief from such symptoms could be afforded by a careful

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refraction, occlusion of one eye and attention to physical health without orthoptic exercises.

A discussion on "Miners' nystagmus" was opened by Mr. T. Harrison Butler. Postural, lighting, toxic, psychasthenic and other associated factors in this disorder were reviewed.

The following is a list of other scientific papers read and discussed before the Congress:— "Ocular filariasis, with a report of a case in which microfilaria Bancrofti was seen in the anterior chamber," Mr. W. H. McMullen. "The ophthalmic surgeon, a functional operative paresis," Mr. Basil Graves. "Number forms," Mr. P. G. Doyne. "The aqueous, a secretion," Dr. J. Douglas Robertson. "How is a hyphaema or a hypopyon absorbed?" Mr. Thomson Henderson. "The latest principles for applying tinted glass to industrial and other purposes," Sir Arnold Lawson. "Drusen of the retina: a clinical and pathological study," Dr. Bernard Samuels. "The clinical application of vital staining in fundus lesions," Mr. Arnold Sorsby. "Some successful corneal grafts," Mr. Tudor Thomas. "A new unobtrusive occluder," Mr. F. E. Preston. "Eye injuries—workmen's compensation and disabilities schedules," Sir Arnold Wilson.

Abstracts of some of these papers will be published in this section of the Journal later.

Cinematograph films were shown by Mr. R. Weedon Butler on Lexer's operation, Miss Margaret Dobson on orthoptic training in cases of convergent concomitant strabismus and Dr. La Rocca (New York) on a new method of stitching for corneal grafts.

ABSTRACTS

I.—GLAUCOMA

(1) **Schmelzer Hans (Erlangen).** Research on general causes of glaucoma. (*Untersuchungen ueber allgemeine Glaukomursachen*). *Arch. f. Ophthalm.*, Vol. CXXXIX, p. 465.

(1) **Schmelzer** examined the blood serum of a large number of glaucoma patients and normal control persons for uric acid, blood sugar, bilirubin, indican, cholesterin and the xanthoprotein reaction, and the urine for albumin, sugar and, in a few cases, urobilinogen.

The results showed that there was never any change in the indican and seldom in the blood sugar or uric acid; on the other hand in almost every case of glaucoma a marked increase of the cholesterin content and a positive xanthoprotein reaction as compared with that in the normal patients, and in 20 per cent. of the