and even proof-puncture findings do not exclude infection in the
sinuses, and pays tribute to the work of Sir William Wilcox and
of Watson Williams on latent sinusitis.

In cases 3, 4 and 5, intra-nasal medication was sufficient without
operation, thus avoiding the danger of post-operative exacerbation.

Case 4 indicates that it is inadvisable to wait for full investiga-
tion before attacking the sinuses. Delay in this case might have
resulted in irreparable damage to the over-lying central retinal
tissues.

Case 5 raises the question of responsibility. Should the search
for a cause be left to the general practitioner? My own view is
that it is only the ophthalmic surgeon who possesses the neces-
sary experience and knowledge of its urgency to direct the search to
a conclusion. To treat the eye alone is to leave the more important
half of his work undone, and was responsible in this case for the
five years of ill-health and the recurrence of the iritis.

Conclusion

If all investigations prove negative in a case of uveitis, latent
sinusitis should be suspected and treated.

REFERENCES

ANNOTATION

Squint in Families

Every ophthalmic surgeon knows the story of the retort made by
a London guttersnipe to an old gentleman possessed of a marked
squint when they collided in the street. “Why the deuce don’t
you look where you’re going to?” grumbled the old gentleman.
And, “Why don’t you go where you’re looking to?” retorted the
precocious infant.

This has nothing to do with with the familial aspects of
strabismus but may serve to introduce some reflections on the
subject drawn from the pedigree of a family well known to the
writer. The only cases of squint in this family known to us are two
in number. The later example occurred in a male who was born in
1791; the earlier specimen was in a collateral ancestor of his and
may have come down to him from his great grandfather on the
maternal side who was born in 1662. There is no question that
each of these had a well marked squint in the right eye, for portraits show it clearly. One has often wondered why this defect has not turned up again in succeeding generations but as far as one knows it has not. The writer, when in practice, had the privilege of having many members of various generations of this family among his patients and none of them squinted. The earlier specimen was of Welsh descent. Welsh ancestry is a difficult subject on which to embark and the writer only knows that the squinter’s father did not squint. It is difficult to try and account for the sporadic appearance of this ocular defect; but one would be inclined to suggest that any tendency to squint supplied by our later example to his offspring may have been nipped in the bud by the dominant personality of his wife.

ABSTRACTS

MISCELLANEOUS


(1) Bruckner describes the case of a girl aged 15 years in whom there was a congenital malformation in the region of the eyebrow, upper lid and fornix. The upper part of the cornea showed some opacity and there was ptosis. Examination of a band of tissue stretching from the fornix to the conjunctiva showed Schwann cells, sweat glands, fat tissue and muscle fibres. The cause is presumed to be damage to the lateral frontal process towards the end of the first foetal month. This led to imperfect differentiation of the ectoderm, secondarily to aberration of the in-growing musculature and growth disturbance of the cornea. The primary mechanism is compared with that of Recklinghausen’s disease; in addition, the possibility of an idioplastic germ abnormality is mentioned. Forty-seven references to similar cases are given.

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(2) Rochat refers to a case of gargoyleism demonstrated in 1940 by Waardenburg. The child died at the age of six years and histological examination of the cornea showed that the opacity