

vasculosa lentis consists in a growth of embryonic connective tissue in the interstices of the persistent tunica-vasculosa-lentis network.

The direction of the blood flow in the hyaloid artery from the optic nerve forwards has been verified in foetal life. The anterior portion of the tunica vasculosa lentis or the pupillary membrane has an independent arterial supply. The tunica vasculosa lentis drainage in later foetal life opens into the deeper portions of the iris. Persistence of these connections will result in congenital synechia.

A relationship between rapid growth of the lens and wide extension of the hyaloid arterial system is probable, as the disappearance of the hyaloid system occurs concurrently with the development of another method of nutrition for the lens, namely the formation of aqueous humour. Aqueous development before the filtration angle is functioning could explain buphthalmos.

H. B. STALLARD.

(2) **Barlow, A. (Philadelphia).**—Primary sarcoma of the choroid. *Amer. Jl. Ophthalm.*, Vol. XXV, p. 1351, 1942.

(2) **Barlow** describes the case of a woman, aged 47 years, who was under observation with a primary sarcoma of the choroid for 13 years. She refused excision during this time but eventually submitted to it on account of secondary glaucoma. The neoplasm was found to be composed of spindle cells and round cells, to be very vascular and pigmented. It had infiltrated the optic nerve around the central retinal vessels just behind the lamina cribrosa.

For 7 years after excision of the eye the patient was kept under medical observation and at no time did she show any clinical evidence of metastases. She died from a cerebral haemorrhage and post-mortem examination revealed no evidence of malignant metastases.

H. B. STALLARD.

CORRESPONDENCE

DARK GLASSES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—Dark glasses with side pieces of the type worn after intra-ocular operations, are becoming increasingly difficult to obtain, so it seemed necessary to devise a substitute for them. My first thought was X-ray film, but this did not prove satisfactory owing to difficulties in tinting. Coloured gelatine sheets of the type used for stage lighting proved more satisfactory, but were too

fragile. It then struck me that if the ordinary transparent eye shield issued to the forces could be suitably tinted it would prove a useful substitute for dark glasses. These shields can now be bought from Messrs. Hamblin, whom I should like to thank for the efforts they have made in obtaining them. The shields appear to be satisfactory from the patient's standpoint, and to afford adequate protection to the eyes from excessive light and accidental trauma, also they can be converted into detachment spectacles by placing in front a piece of black paper with small central holes. The paper is held in position by the press buttons on the shield. The shields are considerably less in weight than dark glasses, do not slip down the nose, and their cost is a shilling.

I am, etc.,

F. A. WILLIAMSON-NOBLE.

OBITUARY

RAYNER BATTEN

We greatly regret to record the death, at the end of October, 1943, of Mr. Rayner Derry Batten at the advanced age of 85 years.

Rayner Batten received his medical education at St. Bartholomew's Hospital and qualified M.R.C.S. more than 60 years ago. He took the M.B., B.S.(Lond.) in 1885 and the M.D. in the following year. Six years later he joined the Ophthalmological Society of the United Kingdom, on which he served at various times as member of council and vice-president. He was a staunch supporter of the Society's activities, rarely missing a meeting, and when he retired in 1937 his name was added to the small band of honorary members in view of his position in the ophthalmic world and all that he had done for the Society. Rayner Batten was surgeon to the Western Ophthalmic Hospital for many years and later consulting surgeon. He was an early member of the Council of British Ophthalmologists and of the Oxford Ophthalmological Congress. Some thirty or more years ago he perfected his hydrophthalmoscope, an instrument which will serve always to keep his name in remembrance. Like his younger brother, F. E. Batten, he was much interested in macular disease, especially cerebro-macular degeneration. He always insisted on the importance of fundus drawings in clinical ophthalmology. Many contributions of his will be found in the Transactions of the Society. His later years were handicapped by increasing deafness and his last contribution to the Transactions was to a discussion on osteitis deformans in 1931. Rayner Batten contributed an excellent paper, with many illustrations, to our columns, Vol. XV, p. 279, on angiod