

Case V is of particular interest in that there was invasion of the optic nerve, as far as the lamina cribrosa, with recovery, the patient being in good health  $3\frac{1}{2}$  years later (3 years being generally regarded as the length of time necessary before a cure can be regarded as having taken place).

All the cases with optic nerve involvement outside the lamina cribrosa died.

*Tumour Type.*—There were 11 cases of retinoblastoma of which 5 have died and one of neuro-epithelioma (alive 8 months after operation). Parkell and Benedict in a review of 16 traced cases of retinoblastoma, found only 12.5 per cent. had a good result, while 62.5 per cent. of neuro-epitheliomas in a series of 16 traced cases, had a good result. Badtke in a review of the glioma cases at Innsbruck from 1900-1939 (14 cases) considered the chance of cure from 50 per cent. to 60 per cent. He put the recovery figure in the bilateral cases at 33 per cent. All the bilateral cases in the Royal Victoria Eye and Ear Hospital series were fatal.

In conclusion I would like to tender my sincere thanks to my colleagues on the staff, for their generous co-operation in the matter of pathological material from and clinical information on, these cases.

I would also like to express my appreciation of the help given by Miss Connor, our Almoner, in "follow ups" and by Miss McQuaid in the collection of statistical data.

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## ANNOTATION

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### Blind Painful Eyes

We believe it to be a sound rule of practice that blind painful eyes should be enucleated. Especially should this be so if one does not know and cannot see what is the matter inside the eye. A highly congested eye with turbidity of the media may show a dull yellow reflection in the depths of the vitreous. It may be an inflammatory condition and if one is led away by this hypothesis into eviscerating the eye rather than removing it *in toto*, one must not be surprised if one later finds that there is a new growth steadily increasing in the socket. Such a case would hardly be one of every day occurrence, but perhaps once or twice in a lifetime of practice it might occur. We have always held the opinion that one learns more from failures, our own as well as those of others, than from

successes. Intra-ocular growths may be exceedingly difficult cases or extremely easy. We call to mind a case in a middle-aged woman who came to Moorfields in our early student days. On her first visit she had been seen by the chief clinical assistant; the pupil had been dilated, the refraction estimated and glasses ordered. A few weeks later she returned and said the glasses had not relieved her symptoms. Her statement was:—"I still see a cloud at the side of what I look at." On taking the field a large peripheral defect was evident and on examining the fundus it was obvious that she had a choroidal sarcoma. It always pays to listen to the patient's history even if it may be very diffuse, and to note the salient points in the history. Years later a case was admitted to hospital. Here one eye was blind and painful with a yellowish reflex from behind the lens; the fellow eye showed extensive retinal haemorrhages and sclerosis of the vessels. It was decided to eviscerate the blind eye, leaving a cuff of sclera round the optic nerve. A few weeks later the patient came with a tense bulging tumour in her socket.

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## THE COUNCIL OF BRITISH OPHTHALMOLOGISTS

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### Annual Report—1943

NO report has been issued by the Council since that for 1938-39; this report therefore covers the period 1939-1943. No Meetings of the Council were held between July, 1939, and August, 1942, and no Meetings of the Executive Committee between April, 1940, and July, 1942, owing to war conditions.

At its Meeting on August 20, 1942, the Council elected the following officers:—President: Sir John Parsons; Vice-Presidents: Mr. R. A. Greeves and Mr. W. H. McMullen; Hon. Treasurer: Mr. Humphrey Neame; Hon. Secretary: Mr. Frank W. Law.

The following were appointed to serve on the Executive Committee:—The President, the Hon. Treasurer, the Hon. Secretary (*ex-officiis*), Mr. Cardell, Mr. Doyne, Mr. Greeves, Mr. MacCallan, and Mr. McMullen.

As the result of a request from the three Royal Colleges, a Committee was appointed to represent Ophthalmic Consultants to collaborate with the Royal Colleges. The Committee was as follows: Sir John Parsons, Mr. Greeves, Mr. McMullen, Mr. Alabaster, Mr. Rugg-Gunn, Mr. Harman, Miss Mann, Mr. Cardell, Mr. Duthie, Mr. Savin, Mr. Law. This Committee has not so far been called upon.

The Council records with regret the deaths of the following