2. They resemble those due to an error of refraction and of muscle balance, and relief is due to a more adequate correction of these factors.

3. There are patients in whom relatively high aniseikonia, real or produced by lenses, causes no symptoms.

4. A number of patients who suffer from asthenopia and have a considerable size difference are not relieved by correction of aniseikonia.

In spite of this formidable list of objections, the author finds that correction of aniseikonia is of value and in the course of his paper relates eight very convincing case histories. The patients he examined and treated were physically sound persons, who had continued to suffer from headache, ocular fatigue (especially after close work), and other symptoms of eye strain, in spite of wearing glasses which had been considered adequate for their needs. Examination for aniseikonia is not a simple matter. There may be an over-all size difference, *i.e.*, the ocular image is symmetrically enlarged in one eye; the enlargement may be only in one meridian or it may be a combination of these two types. Also, the size difference, particularly meridional, may be greater at reading distance, and in some cases, it is latent, becoming manifest only after a partial correction has been worn for some time. Finally, the patient may have difficulty in understanding the tests, and three or more examinations are often required before consistency is obtained. Of the first 200 patients examined for aniseikonia, 86 had over 1 per cent. difference in size of images and of these, 39 reported a lessening or complete relief of symptoms while wearing temporary lenses with the necessary size correction, on a hook front. In no case did any person with less than a 1 per cent. size difference receive relief from correction of his aniseikonia, the chances of success being greater if the amount were 1.5 per cent. or more. The maximum degree of size difference compatible with binocular vision was 5 per cent. and the average sensitivity of a patient with good visual acuity was 0.25 per cent.

F. A. W.-N.

CORRESPONDENCE

ANNUAL CONGRESS OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—It is proposed to hold the annual congress of the Ophthalmological Society of the United Kingdom on Friday, March 31, and Saturday, April 1, 1944, at the Royal Society of Medicine, 1, Wimpole Street, London, W.1.

There will be two subjects for discussion: the first, which will be discussed on the Friday morning session, is "ocular psychoneuroses (excluding miners' nystagmus)," and will be opened by Mr. R. C. Davenport and Squadron-Leader J. H. Doggart. The second, to be discussed at the Saturday morning session, is "Virus affections of the eye," and will be opened by Professor A. Sorsby and Dr. C. H. Andrewes.

Part of the Friday afternoon session will be devoted to a joint clinical meeting with the Ophthalmological Section of the Royal Society of Medicine. Those who wish to show cases are asked to communicate with Mr. V. Purvis, at the Royal Society of Medicine.

Members who intend to take part in the discussion or to read papers at the Congress are asked to inform the undersigned as soon as possible.

FRANK W. LAW,
Hon. Secretary.

36, DEVONSHIRE PLACE,
LONDON, W.1.

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—Perhaps the following notes might be of some interest to many of your readers:

To avoid using a local anaesthetic to the front of the eye during the operation for re-placement of a detached retina, pentothal is being used by some operators. A retrobulbar injection of 2 per cent. novocaine by means of a curved needle is still useful, in that the onset of pain is delayed and there is no need to give drugs to prevent sickness from rotation of the eye.

Threads should not be placed across the cornea and only warm saline is dropped on the cornea from time to time. In this way a clear view of the fundus can be obtained right to the end of the operation.

Yours faithfully,

R. LINDSAY-REA.

101, HARLEY STREET,
W.1. November 21, 1943.

IONIC MEDICATION

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—I was interested in an article in your August number on Ionic Medication by Norman Fleming. I have been using zinc ionization, not for ten, but for thirty years, with ever increasing sense of its value. I have been commending it to my colleagues for a like period, but without making much impression. For squamous marginal eczema (of Morax-Axenfeld origin) it is the