brother who had been our patient for many years. She was over 80 years of age at the time we saw her. She had what appeared to be typical lamellar cataract in each eye and an optical iridectomy had been performed down and in in each eye. Her story was that the operations had been performed on the Continent when her age was sixteen years by a 100 per cent. Aryan ophthalmologist whose name was unfamiliar to us. She assured us that each eye had been operated on at the same sitting and without any anaesthetic. It is no wonder that she refused to entertain the idea of any further operative ophthalmic treatment, and as she had enough sight to enable her to enjoy her life and to see to do what she wanted, we did not press the matter any further.

ABSTRACTS

MISCELLANEOUS


(1) McGregor and Hill in 1939 began an investigation into the histopathology of malignant melanoma of the uvea of patients treated at the Glasgow Eye Infirmary during the previous twenty years. Out of 82 patients, there were 41 with an unequivocal history and a relevant specimen for sectioning. The sections were examined for type of cell, amount of pigment and by a special method of silver impregnation for reticulin content. An attempt was made to correlate these findings with survival time of which the average was about eight years. For the most part, the group surviving six to fifteen years showed more reticulin than the group surviving up to six years, also in the longer lived group there was a predominance of benign spindle cells and in the shorter lived, of epithelioid and mixed types, but there were exceptions to both these generalisations. The pigment content was increased in the short lived group. The authors, although emphasising the importance of the exceptions, are of opinion that the characteristics mentioned will usually permit one to say whether the patient will live a long or a short time. With regard to prognosis, the cell type is probably first in importance with reticulin and pigment content as subsidiary factors.

F. A. W-N.

(2) Iles and Rendle Short record 14 cases of orbital tumours between the ages of 18 and 70 years. Only three cases were malignant, three were intra-orbital cysts and four were haemangiomas. The authors state that these were the most interesting cases in their series. "The nature of the tumour may be quite unsuspected, or it may be indicated by a naevoid condition of the eyelids. It is surprising to find a haemangioma presenting itself within the orbit as a firm, red, rounded well-encapsulated tumour." Their 4 cases were all of this character; one of them in a man, 70 years of age is described in detail. It was removed by a Krönlein operation and the patient made a good recovery save for a persistent diplopia.

The three cysts were each of a different pathology. One lay far back in the orbit and contained clear fluid. The other two cysts were in the anterior half of the orbit, one was a dermoid and the other a mucocele of the frontal sinus. One case was a lipoma in a man aged 54 years. Proptosis was the sole symptom and sarcoma was suspected, but exposure by Krönlein's method showed a diffuse mass of fat, not definitely encapsulated.

Of the three malignant cases one was a large encapsulated sarcoma; it recurred in the parotid region after removal. Another patient had a large mass removed from the upper and outer part of the orbit which proved to be a lympho sarcoma of low grade malignancy. Six months later there had been no recurrence. The third case was a malignant scirrhous carcinoma of the lacrimal gland. It was not possible to remove the posterior part of the growth and this was treated four days after operation with radium. Five years later there was no recurrence and vision was 6/5.

One case of tuberculous abscess in a boy of 18 years of age is described. In none of these cases was there any intra-cranial extension. In twelve cases Krönlein's operation was performed and in one case Dandy's method of decompression was used. The authors prefer the Krönlein method of approach for all tumours in the outer and lower parts of the orbit. If intra-cranial extension is suspected Dandy's method is indicated.

R. R. J.


(3) A number of objections have been raised by ophthalmologists against the therapeutic results claimed for the correction of aniseikonia, and Hicks classifies them as follows:—

1. The symptoms are subjective and therefore amenable to suggestion.
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.