doctor practising ophthalmology in the region should be attached to a hospital. . . . Other paragraphs deal with appointments: categories of patients; school refraction clinics; orthoptics; dispensing of spectacles, etc. It is noted that present arrangements with regard to the dispensing of spectacles are far from satisfactory, and an ideal solution would be the setting up of a regional organisation which could supply all spectacles and employ its own dispensers and fitters. In this way control could be exercised over the accuracy and quality of the spectacles provided, as well as the prices charged. There would seem to be some need for the establishment of myope schools or sight-saving classes in local schools. And facilities for bacteriological examinations in the remoter districts are capable of improvement. The report ends with a diagram showing the type of organisation recommended and a list of the number of beds needed. At present there are 35 beds available at Oxford, 70 are required. At Reading there are 21 and 50 are required. At Windsor there are 9 and 40 are required, and at Aylesbury there are no specially allocated eye beds and 20 are needed. And besides these a few beds would be required at each of the four intermediate hospitals.

The Committee is to be congratulated on an important and painstaking review of the subject.

ABSTRACTS

MISCELLANEOUS

- (1) **Le Marquand, H. S. and Recordon, E. G. (R.A.M.C.).—Aseptic cavernous sinus thrombosis with recovery.** *Lancet*, 246, p. 247, 1944.

(1) **Le Marquand and Recordon** describe the case of a male, aged 29 years, who developed bilateral cavernous sinus thrombosis 13 days after a hard blow on the right eye with a soccer ball. Commotio retinae and a pre-retinal haemorrhage over the juxta-papillary course of the superior temporal vessels were noted after the injury.

Radiographs did not show a fracture of the skull, but the authors comment that injury to the sphenoid bone could not be excluded. All investigations, including cerebro-spinal fluid, urine and blood examinations were negative. It seems likely that trauma gave rise to an aseptic clot in either the superior or inferior ophthalmic vein, and that this spread to the right cavernous sinus. In two weeks the patient recovered fully. Some residual retinal disturbance was present in the right eye, the visual acuity of which became 6/6 partly.

H. B. STALLARD.

- (2) **Schoenberg, M. J. (New York).**—Is glaucoma a deficiency disease? Important details concerning the non-surgical treatment of glaucoma simplex. *Amer. Jl. Ophthal.*, Vol. XXVI, p. 1282, 1943.

(2) **Schoenberg** classifies glaucoma into five clinical types. (1) Benign, occasional symptoms, but no signs. (2) Hypertensive. (3) Optic-degenerative. (4) Mixed type in which (2) and (3) are combined. (5) Malignant. Moderate ocular hypertension. Reacts adversely to surgical intervention. He discusses the importance of age and the type of patient.

In the course of the pharmacological treatment of glaucoma he suggests that guidance about the correct dosage and times for applying the drugs may be obtained by taking tonometric measurements at regular intervals over a period of two to four weeks in which the patient is instructed to allow increasingly longer intervals to elapse between the applications of the drug to the eye.

He comments that there is evidence for the belief that in glaucoma there exists a disturbance of the processes of chemical mediation of nerve impulses at the neuro-effector junction. Eserine has the property of inhibiting the neutralizing effect of esterase upon acetylcholine thereby keeping the acetylcholine free to stimulate the effector cells. Pilocarpine, acetylcholine and its related substances, mecholyl and doryl have a direct stimulating effect upon the effector unit.

The author comments that the indication for the use of one of these drugs must be based on the decision as to which constituent part of the effector unit and of the neuro-effector junction is out of order and as to which deficiency is to be replaced. (It must be difficult or impossible to decide this clinically, so that it would seem justifiable to use a combination of eserine and doryl in cases which do not respond to one or the other drugs separately.—*Reviewer*).

The author suggests that there is a similarity between glaucoma and deficiency diseases such as myxoedema, cretinism, diabetes, night-blindness, pellagra, scurvy and the like.

H. B. STALLARD.

- (3) **Doggart, J. H. (London).**—On diagnosing papilloedema. *Trans. Ophthal. Soc. U.K.*, Vol. LXII, p. 141, 1942.

(3) **Doggart** comments on the ophthalmologist's overwhelming diagnostic advantage over the neurologist and cranio-surgeon in deciding whether or not papilloedema is present. There is no doubt about this condition when it is advanced. The early signs are sometimes difficult and have to be considered carefully with reference to many physiological differences in the optic discs, to the refractive error (particularly hypermetropic astigmatism), and to the appearance of the optic disc in the other eye.

In the early cases the following may be seen :—(1) slight parallax ; (2) the impression of slight forward thrust of the disc ; (3) turgidity of the veins ; (4) alteration in the light reflex of vessels crossing the edge of the disc ; (5) haemorrhages ; (6) partial or total obliteration of the physiological cup ; (7) enlargement of the blind spot, and (8) blurring of the disc edge beginning on the nasal side, yet of no significance unless it is supported by other evidence.

The author stresses the importance of giving an unbiased opinion on the appearance of the discs, irrespective of the history and neurological signs, and in doing so of stating definitely whether papilloedema is present or not.

H. B. STALLARD.

- (4) **McIlroy, J. Hamilton (London).**—The treatment of refractive errors in children. *Med. Press and Circular*, March 8 and 15, 1944.

(4) **Miss McIlroy** as Assistant M.O., L.C.C., and oculist in charge of two treatment centres in the greater London area is obviously very well equipped to contribute a paper on the subject of refractive errors in children which will be of use to the general practitioner. She here describes the routine she has carried out as school oculist under the L.C.C. for many years.

The first section of her paper deals with routine matters, equipment of a vision centre, and functional testing, etc. There is a good account of the prescribing of spectacles, special emphasis being placed on the fitting. The second section of her paper deals with squint, myopia, partially sighted schools and classes, blind schools, etc. Myopic conditions are dealt with at some length ; the questions of educational restrictions, occupations suitable for myopes, scholarships and teacherships are gone into in detail and the whole admirably fulfils the object with which the paper was written.

R. R. J.

- (5) **Graham, Colin (Vancouver).**—Atophanyl in the treatment of sympathetic ophthalmia. *Canadian Med. Assoc. Jl.*, February, 1944.

(5) **Graham** reports a good result in sympathetic ophthalmitis from the use of atophanyl. A miner, aged 19 years, was struck on the eye with a small foreign body late in December, 1941. At first the accident was considered to be trivial but after several attacks of inflammation he was referred to Dr. Laishley, of Nelson, B.C., who localized and removed by magnet an intra-ocular foreign body. Later, extraction of cataract was attempted, but the eye did badly and enucleation was advised. The patient refused and was sent to Vancouver for further treatment. On arrival the case was typical

of sympathetic inflammation. The blind left eye was removed and the sympathizing eye at first improved a good deal under treatment with sulphadiazine. But this improvement did not last; "the inflammation assumed a most violent form with remissions and exacerbations, and in the latter atophanyl was used with beneficial effects on the inflammation and pain." It was given 13 times. The man had a complete examination, infected teeth and tonsils were removed and the nasal sinuses explored. During treatment a well dilated pupil was maintained by the free use of atropine or scopolamine "and immediately combating a contracting pupil by the 'coup-sur-coup' method." This may be described as the alternate instillation of 4 per cent. atropine with 4 per cent. cocaine five minutes apart until four doses of each have been given, the puncta being carefully occluded by finger pressure after each instillation.

The man was discharged from hospital in July, 1942, the eye nearly white, with a few small old synechiae. The slit-lamp showed old deposits on the back of the cornea and dilated iris vessels were much decreased, the fundus was normal, and vision with correction normal. Tuberculin injections were continued by Dr. Laishley for several months, the eye remaining free from inflammation. A recent letter from the patient gave a good report.

There seems to be some danger of damage to the liver in giving atophanyl; the exact dosage of each injection does not appear to be stated.

R. R. J.

THE CULT OF THE EYE AND THE QUEST FOR REALITY

BY

BASIL GRAVES *and* SIDNEY SMITH

A MEETING of the Royal Eye Hospital Clinical Society was held on Friday, December 17, 1943, at 4.30 p.m.

The Chairman, Mr. Holmes-Smith, said that as doctors they should not confine their studies to man enlightened and scientific; but as anthropologists should study witchcraft and the superstitions of man. They were fortunate to have at this meeting two authorities, Mr. Basil Graves and Dr. Sidney Smith (Keeper of the Egyptian and Assyrian Antiquities of the British Museum). He would call on them to speak in that order.

Mr. Basil Graves: Going far back in history, pre-eminence has been given to the subject of the eye. This is understandable. People in conversing observe each other's eyes as indicators of thought and emotion. The eye is the only transparent part of the body surface, and comparison of the Light of the "Upper