while wearing the respirator, diagram II. In each case the extent of the binocular overlap is shown, and in diagrams II and III the respirator field alone is included for ease of comparison. It will be noted that this field is slightly larger on the left side than the right, and this is due to the fact that a constant slight tilt of this particular respirator brought the left eye-piece nearer to the left eye.

The prismatic effect of a flat lens looked through obliquely causes an apparent shift in the position of the test object, and since the correcting lenses are concave, the test object could be seen through the lens as a sharp, clear image while a blurred one was still visible through the respirator eye-piece outside the correcting lens. This extension is indicated by a hatched line in diagram II: it extends almost 50 deg. beyond the actual edge of the Mk. III lenses and thus means an appreciable increase in the field covered. With convex lenses the converse is found.

Summary

A method of correction of presbyopia for use on respirators with or without additional correction for ametropia is described. The optical problems are considered. The device has the advantages of cheapness, lightness, absence of mechanical parts, freedom from dimming, and ease of testing and fitting.

Acknowledgments are due to Brigadier Sir Stewart Duke-Elder, Consultant in Ophthalmology to H.M. Army, for encouragement and permission to publish the findings of this study, and to Lt.-Col. C. J. Stocker, M.C., I.M.S., O.C. a military hospital.

ANNOTATION

On the diagnosis of choroidal sarcoma

The diagnosis between choroidal sarcoma and a cyst of the peripheral retina is often a matter of great difficulty, especially in the early stage of a true growth. It is now many years since the writer heard the late Mr. Richardson Cross confess, at a meeting of the Ophthalmological Society, that he could recall at least four instances in which he had excised an eye for supposed choroidal sarcoma and no growth was present when the eye was examined by the pathologist.

We are inclined to the belief that with true growth in fairly early stages there will generally be a fluid detachment of the retina either
at the edge of the growth or in the most dependent part of the eyeball besides the bulge caused by the neoplasm. In cystic conditions, so far as we are aware, it is most unusual to find any fluid detachment of the retina present, though disinsertion in later stages is not uncommon. Another point which is of help is the amount of visual field reduction present. In choroidal sarcoma there is nearly always a biggish defect whereas in cysts of the retina there is usually no sector-shaped defect and if any contraction be present it is general and very slight.

The question of transillumination is also important. If, on transillumination, an obvious shadow is found it is more likely to be due to a growth than to a cyst. But we have seen cases where the results of transillumination have been anomalous and we should be inclined, in trying to make a diagnosis, to pin our faith to the amount of field limitation present and the presence of a fluid detachment as well as the more obvious globular bulge.

A case of the writer's some five and twenty years ago bears on these points. Here was a man in the late fifties who had spent much of his life abroad. He had a fairly sharp attack of acute conjunctivitis in each eye which his own doctor had treated and cured. During the treatment he had found that the sight of his right eye was very much worse than that of its fellow. There was also a history of syphilis as a young man.

We found vision in the right eye to be only about 6/36 against 6/9 in the left. After the pupil was dilated some pigmented patches were found at the macula which, in our opinion, were enough to account for the visual failure. Taking a routine look round the periphery we were amazed to find in the temporal sector a swelling which was best seen with +12-0 D. lens in the ophthalmoscope. It was dark and globular and looked as solid as solid could be. There was no fluid detachment and the field showed only about 10° limitation in the area corresponding to the bulge.

We told the patient that this swelling in the eye had complicated the diagnosis. As regards the visual failure we thought that the patches of pigment were obviously the cause of this, and we ascribed them to the old syphilitic lesion. The bulge was a question between new growth and cyst. We rather thought the former, and he would be wise to get further advice. We gave him the names of two men with international reputations, one of whom was quite certain that the condition was a growth; the other said that he was not sure of the transillumination, but had no doubt that the eye was one that should be removed. Besides these two opinions the patient took a third on his own account. This amounted to the fact that his eye must come out and that he was lucky in that the condition had been discovered in a comparatively early stage. The eye was removed and pathological examination proved that after all the condition was cystic.
NOTES

Death

As we go to press we learn with much regret of the death of T. Harrison Butler, late of Birmingham. We hope to publish a memoir of him in our April number.

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The Royal Eye Hospital: Clinical Society

A MEETING of the Clinical Society will be held at the Royal Eye Hospital on Friday, April 27, at 5 p.m., when a talk on Nystagmus will be given by Mr. T. E. Cawthorne, F.R.C.S.

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Ophthalmological Society of Egypt

The Annual Congress of the Ophthalmological Society of Egypt will take place at the Memorial Ophthalmic Laboratory, Giza, Egypt, on Thursday and Friday, March 15 and 16, 1945, at 9 a.m. The symposium of the Congress will be "proptosis."

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Corrigendum

MAJOR W. O. G. TAYLOR writes to point out a slip in his paper on "a gas mask wafer for presbyopia," Vol. XXVII, p. 466. Line 14 from the top of the page, 50 degrees should read 5 degrees.

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Sociedade de Oftalmologia e Otorrinolaringologia do Rio Grande do Sul Brasil. Officers elected, June, 1944

President, Dr. Luis Assunção Osorio. Vice-President, Dr. Humberto Lubisco. First Secretary, Dr. Fernandez V. Alves. Second Secretary, Dr. Saul Fontoura. Treasurer, Dr. Cap. Alfredo A. P. Santos. Librarian, Dr. Antonio L. Viana.

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Special Notice

WE are asked by the Ministry of Information to state that the fact that goods made of raw materials in short supply owing to war conditions are advertised in this journal should not be taken as an indication that they are necessarily available for export.