
Ida Mann discusses the clinical appearances of ariboflavinosis in the eyes, and describes a case of this disease. The earliest sign is budding of new capillaries from the apices of the limbal vascular loops with extension onto to the cornea. There are generally three arcades of new vessels, and both eyes are affected around the whole circumference of the cornea. The depth of the vascularized area varies in the two eyes. The diagnosis is verified therapeutically by the emptying of the new vascular loops after the administration of riboflavin.

In the case described in this paper there were also concentric opacities in the cornea beyond the arches of the new vessels. Some of the new vessels passed deeply into the substantia propria in the neighbourhood of these corneal opacities. The cure was dramatic, for with the administration of riboflavin, 15 mg. a day, there was rapid emptying of the vessels, and a cure in four days. One eye received local treatment, including atropine, but the other eye which had none, did as well or better than the former.

H. B. Stallard.


Stephenson describes the case of a white female, in whom the signs of arachnodactyly were evident at the age of five months. The cornea measured 15 mm. in the horizontal meridian, and 14.5 mm. in the vertical. The right pupil was displaced nasally and upwards. The pupils were pear-shaped and the irides atrophic.

The skull was dolichocephalic, the chest funnel-shaped, the long bones abnormally long and thin, and the hands and feet likewise. There was muscular wastage of the arms, forearms, hands, thighs, legs and feet. A tiny supernumerary digit was present on the ulnar side of one hand.

H. B. Stallard.


Laird discusses the pathology of senile macular degeneration and describes the results of treatment by iodides in a series of 67
patients with a total of 115 eyes. Protiodide of mercury gr. 0.125 to gr. 0.25 was given orally thrice daily. When this failed to maintain visual improvement, subcutaneous injection of iodides was given. Fifty-six eyes improved with oral administration. Ten eyes showed no change with oral administration, but improved when iodides were injected subcutaneously. The average improvement of the 115 eyes was 89 per cent.

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(4) Harley describes the clinical features of the toxic effect of the sap of *hippomane mancinella* L (beach apple) on the eyes and skin. An irritating milky latex is exuded by broken leaves and branches, and a heavy dew may extract the sap which falls upon anyone lying beneath the tree.

The eye changes consist of a severe keratoconjunctivitis, blepharospasm, coming on within a few minutes to an hour after contact, and considerable pain. The cornea and conjunctiva are denuded of epithelium, and fluorescein staining persists for 5 to 7 days. The lids are oedematous and vesicles are present.

The skin changes are those of dermatitis venenata, the face, arms and trunk being chiefly affected.

The author recommends bathing in sea water with the eyes open as a first-aid measure followed by a thorough cleansing with soap and water. Copious irrigations of the conjunctival sac with normal saline, pantocain drops or ointment 0.5 per cent. and cold boric acid compresses are given. The skin is treated with cold compresses and calamine lotion.

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(5) Thomas describes a simple suction instrument for cataract extraction. It is composed of Dimitry's syringe connected by an adaptor with 6 inch of firm rubber tubing. The suction cup is attached to the other end and it corresponds in curvature to the Kirby intra-capsular forceps.

The instrument displaced a 5 mm. column of water 45 mm. in height. This was increased to 65 mm. by shortening the stem of the piston.

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