an early stage and at later stages an enucleation with the implantation of a 14 mm. perspex globe in Tenon’s capsule is carried out. The old evisceration operation is practically never done and the usual method of enucleation alone is becoming infrequent. To clean up a dirty socket the application of 2 per cent. silver nitrate paint and penicillin along with upper lid straps to allow ingress of air into the socket has worked wonders. Plastic operations are discouraged and are left for our more expert colleagues at home.

This is but the first chapter in the story of ophthalmology of the Central Mediterranean Forces to date but it may give some idea of what is going on; there is much more to be told.

The ophthalmic surgeons, sisters and staff here have brought this service to a high peak of efficiency; others also outside the theatre have played an important part without which the job could not be done. Brigadier Sir Stewart Duke-Elder has always seen to it that every demand for ophthalmic and optical supplies from this theatre has been met and when these supplies have come we are conscious of what we owe to the workmen and technicians at home who have provided them. Knowing as I do the ophthalmic equipment of practically all the Allied and enemy nations I can say without hesitation that British equipment is second to none.

Finally, my grateful thanks are due to Brigadier H. C. Edwards, Consulting Surgeon, A.F.H.Q., and to Colonel T. Menzies, O.B.E., for constant advice, encouragement and co-operation at all times.

ANNOTATIONS

Ophthalmology in Race-horses

It must occasionally have happened to most of us to have been asked to give an opinion on the eyes of some animal or other. Sometimes a friend will have brought a dog or cat; and at other times a veterinary surgeon has referred one of his clients to us. But although the late Mr. Lindsay Johnson was reputed to have interviewed a python at the Zoo, few of us can ever have had to pronounce judgment on a race-horse.

A rumour that this year’s winner of the Derby had been under the care of an ophthalmic surgeon some time before the race set us wondering what can have been the matter and whether ophthalmic treatment can have had any bearings on the result of the race.

Whether Rosinante was submitted to ophthalmic treatment before Don Quixote’s contest with the windmills or the flock of sheep is unrecorded as far as we remember. But Mr. Jorrocks’s
opinion “that Mr. Gambado, riding-master to the Doge of Wenice” was the best informed writer on equestrian matters sent us through the pages of Handley Cross, but we found little bearing on race-horses in that classic. “Some people make a great bother about an 'oss’s eyes, jest as if they have anything to do with his haction” would seem to answer our enquiry in the negative. But whether the condition was a conjunctivitis or iridocyclitis would treatment by lotions or drops—or even penicillin—affect the horse’s speed? A dose of cantharides might even make it fly, and thus risk disqualification.

Even such an ignoramus as the present writer has heard of nefarious practices connected with ginger for increasing a horse’s mettle; but whether a drop of zinc sulphate applied to the eye would have any effect similar to ginger applied at the other end we really cannot tell. We know that at the sale of Mr. Jorrocks’s stud Arterxerxes had been gingered, for it is mentioned in the text, and a bystander is credited with the statement that the “animal would have been quiet enough if you hadn't figged him.” In one of Mr. Jorrocks's nightmares he dreamt that the Prince wanted to look at Arterxerxes, and he couldn't find the ginger. But Arterxerxes hardly came into the race-horse category, indeed he seems to have been rather a freak horse, a lusus naturae, or as Mr. Jorrocks would have said, a “lóose-un by nature.”

The great Lexicographer does not help us as he was so ignorant of horse affairs that he made a gross error in defining the pastern. Perhaps it will be best to write no more on the subject in case the Jockey Club might have the law on us. Even if the Journal were acquitted, the writer’s sanity might be called in question; just as Mr. Jorrocks's was; and it might even be said that there was too much ginger in our annotation.

Medical Films

The Royal Society of Medicine and Scientific Film Association are co-operating in the collection of a library of medical films. The cinematograph film has afforded a vivid means of presenting many subjects not the least of these are certain technical practices in medicine and surgery. Films have played a great part in the training of the Fighting Services, the lessons learnt by visual impression being more enduring for the majority of trainees. This may also be the case in the future training of the medical student and post-graduate. The films, particularly those reproduced in colour, are capable of presenting technical subjects to a large class concisely and realistically and with much time saving.

In ophthalmology films have been prepared to show operations, retinoscopy, the manufacture of contact lenses and prostheses and
doubtless there are others. So far as surgery is concerned there is no disadvantage to the undergraduate in presenting to him the subject in this way, even the reverse for it saves his time and gives him a concise review of the scope of eye surgery so far as the commoner eye operations are concerned. For the post-graduate, who is specializing in ophthalmology, the film must not be regarded as a substitute for learning eye surgery at first hand in the operating theatre by first assisting a "master" and then performing operations graduated in complexity, with the teacher's assistance.

Hitherto the majority of medical films have been the work of enthusiastic amateurs working on their own. The results will doubtless be much improved by the preparation of films in future by technical experts.

ABSTRACTS

PATHOLOGY


(1) Harrison reports the case of a 15 year old coloured girl, suffering from congenital neuro-syphilis, who developed an osteoma involving the roof and apices of both orbits, the entire anterior and upper surface of the sphenoid bone and probably a large portion of its body and the anterior clinoids. Both optic canals were extensively invaded causing optic atrophy and no perception of light in either eye.

H. B. STALLARD.


(2) Asbury and Vail report the case of a 26 year old white man in whom the right eye was removed because of malignant melanoma of the choroid, and 4 years later he died of glioblastoma multiforme of the cerebrum. The authors comment that in all the reports examined, and these cover more than 1,500 cases of multiple primary malignant neoplasms, there was no instance of the combination of primary malignant tumours in the eye and in the brain. Their case is therefore unique.

Multiple primary malignant neoplasms occur most commonly in the same organ or in organs of the same system.

In the authors' case the ocular lesion appeared to be originally a benign melanoma which 3 years later showed evidence of malignancy.