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.

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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.
The entire right temporal lobe was infiltrated by glioblastoma multiforme and associated with this there was a large cyst. The patient died 8 months after craniotomy and about 4½ years after excision of the right eye. At autopsy there was no evidence of metastases from the malignant melanoma of the choroid.

Convulsions began before the enucleation of the right eye so it is probable that the two neoplasms, one in the choroid, and the other in the brain were present at the same time.

H. B. STALLARD.


(3) Suiderman describes two cases of orbital metastasis from carcinoma of the pancreas. Metastatic extension is often delayed or absent at autopsy so these cases with orbital deposits are rare. Histological researches show that the ocular muscles are the site of election for metastatic carcinomatous deposits. Invasion is through the blood stream. The orbit involved in each of the author's cases was the left. An account of the post-mortem findings is given in each case.

H. B. STALLARD.

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CORRESPONDENCE

MEDICAL FILMS

To the Editors of The British Journal of Ophthalmology.

DEAR SIRS,—A catalogue of all the medical films in Great Britain is now being prepared by the Royal Society of Medicine in co-operation with the Scientific Film Association. It would be appreciated if any persons holding films of medical or para-medical interest, who have not already been asked for details, would communicate with the Film Cataloguer, Royal Society of Medicine, 1, Wimpole Street, W.1. By so doing they would not commit themselves or their films, but would enable the catalogue to be complete.

Yours faithfully,

GORDON GORDON-TAYLOR,
Surgeon Rear-Admiral,
President, Royal Society of Medicine.

ARTHUR ELTON,
President, Scientific Film Association.