
(1) Ormsby describes the clinical features of such skin disorders as ocular pemphigus, ectodermosis erosiva pluriorificialis, the triple symptom complex, ocular avitaminosis, contact dermatitis, xanthelasma, pseudoxanthoma elasticum and angioid streaks and lupus erythematosus in association with ocular lesions.

This abstract gives a brief outline of two of these which it is probable are less well known to eye specialists. (1) Ectodermosis erosiva pluriorificialis. This disorder resembles erythema multiforme. Its onset is acute with chills, headache, malaise and a rise of temperature 102°—104°. Stomatitis begins with vesicular lesions and pseudo-membrane formation which may extend to the pharynx and epiglottis. The mucosa of the nose, uretha, vagina and anus may be affected. The eye signs are bilateral vesicular conjunctivitis which in mild cases clears without sequelae. In severer cases sight was severely affected. Vesicles, erythema and later crusting appeared on the hands and feet. The course of the disease was 3 to 6 weeks. Relapses are reported.

(2) The triple symptom complex shows aphthous ulcers in the mouth, ulcers on the genitalia, retinitis and iridocyclitis. The skin lesions resemble erythema nodosum. The disease has an indefinite course, its severity is variable and it recurs. A virus is suspected as the cause.

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(2) Rosenbaum reviews the literature about ocular lesions associated with varicella. The following have been recorded:—

- a phlyctenular or vesicular type of conjunctivitis; bilateral superficial keratitis; leucoridier (pearl-coloured round spots devoid of pigment on the iris stroma).

The author describes the case of a military student with a corneal erosion affecting the right eye which appeared on the 16th day of varicella. On the posterior surface of the cornea opposite this there were some infiltrations in Descemet's membrane and the endothelium. There was some degree of anaesthesia in this case. The latter disappeared in 10 days.

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Eckardt, R. E., Stolzar, I. H., Adam, A. B. and Johnson, L. V. (Cleveland, Ohio).—The pigment of the Kayser-Fleischer ring.

Eckardt, Stolzar, Adam and Johnson comment that the pigment in the cornea staining a Kayser-Fleischer ring may vary from case to case. It is complex as regards cations. They subjected the altered corneae to spectrographic analysis. Abnormal cations common to both cases were zinc, copper and iron. The cornea of one case showed aluminium and silver.

Two cases of Wilson's disease with typical Kayser-Fleischer rings are reported. Both came to autopsy.

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Schwarz reports the case of a six year old white boy retarded in general intelligence, with manual deficiency, an alternating squint and left inguinal hernia. Small spots and flecks of pigment beneath the retinal vessels were noted in the periphery of both fundi. Pigmentary degenerative changes were also present at the maculae. The child's movements in a darkened room showed no evidence of abnormal reduction of acuity with reduced illumination.

Muscle volume was subnormal. All reflexes except the cilio-spinal were present, the radial, ulnar and suprapatellar reflexes were sluggish. There was difficulty in phonation. A diagnosis of maculo-cerebral degeneration was made.

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Lehrfeld and Brav describe two cases of angioid streaks associated with pseudoxanthoma elasticum occurring in sisters. In the literature only 17 cases of the familial occurrence of this syndrome have been reported; in four of these there was consanguinity. The authors quote Scholz who found that pseudoxanthoma elasticum was present in 59 per cent. of cases with angioid streaks. Osteitis deformans (Paget's disease) has been reported in association with angioid streaks, but never concurrently with pseudoxanthoma elasticum.

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Johnson, Harley and Horton report two cases of arteritis and periarteritis affecting the temporal arteries. These vessels show hard cord like thickening, easily palpable nodes and painful tender
areas over the temple and scalp. Other symptoms and signs are headache, general malaise, lassitude, weakness, fever, night sweats, anorexia, loss of weight, anaemia and mild leucocytosis.

In one case, a woman aged 61 years, visual loss in her left eye was due to occlusion of the upper branches of the central retinal artery and veins, and ischaemic oedema of the optic disc. In the right eye there was visual field loss in the superior nasal quadrant and general constriction of the field. Ischaemic areas were present along the superior temporal vessels. In the second case also there was ophthalmoscopic evidence of a vascular lesion affecting the arterial supply to the retina, but the site of the lesion was apparently retro-ocular.

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(7) Alois and Toland report the case of a boy, aged 14 years, suffering from naevus flammeus on the right side of his face following the distribution of the first and second divisions of the trigeminal nerve. The intra-ocular pressure of the right eye was 43 mm. Hg. There was a small posterior capsular lens opacity and the optic disc was deeply cupped. Miotics reduced the tension temporarily. Later it was necessary to do a trephine operation. After this the intra-ocular pressure remained normal for ten months. It rose again, pilocarpine was without effect but suprarenin ointment with miotics controlled the tension for six months until it rose again.

A perforating cyclo-diathermy operation was performed over the upper half of the ciliary region. At operation a sheath of teleangiectatic blood vessels lying in the sclera and beneath Tenon’s capsule was found encircling the globe. It began 2 mm. behind the limbus and extended as far posteriorly as could be observed through the incision. The tension remained normal for one month, then rose again. Cyclodiathermy was then performed over the lower half of the ciliary body. The tension fell to zero, and the optic disc became oedematous. The oedema cleared and the tension rose to 13 mm. Hg.

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(8) Windham reports the case of a male infant, 10 days old, with severe left exophthalmos. This appeared on the sixth day after birth and had progressed gradually. All investigations were negative. Marked recession occurred and the author attributed this amelioration to X-ray examination. The infant was referred to a radiologist for deep X-ray treatment. Twenty days after the initial examination the exophthalmos had disappeared and the eye appeared to be normal.

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