*R. cornea.* Upper half of cornea shows fine keratitis, and from the centre of the cornea, stretching downwards and inwards, there is an irregular line-like opacity.

*Iris* is the same colour as that of the left eye and dilates regularly under homatropin.

*Lens.* Anterior lens capsule shows a distinct negative photograph of iris; the pupil can be recognized and is 2 to 2·5 mm. in diameter. Immediately around the pupillary area the impression on the anterior lens capsule is dense, and radiating outwards are many bands of similar density.

Vitreous shows many opacities, with one more solid than the rest close to posterior surface of lens.

*Vision:* R.E. 6/12 and reads Sn. 0.6.
L.E. 6/6 and reads Sn. 0.5.

*Refraction, under mydriatic:*

| | | | |
|---|---|---|---|
| | +1·00 | | +1·50 |
| — | +1·00 | — | +1·00 |

Shadows are somewhat irregular in the right eye. Pupils active. Tension normal. No fundus changes seen. X-ray negative.

*L. eye,* normal.

I am unable to account for the changes as described. They form a beautiful picture, and the whole, as I have said, is a splendid "negative photograph" of the iris.

Some change must have taken place inside the eye, between the foreign body and the fluids of the eye, producing some substance which combined with the pigment of the iris to form on the lens capsule a photograph as described.

No other colour changes were found in the eye.

## INTRA-CRANIAL SARCOMA, WITH EARLY SYMPTOMS OF ACUTE RETRO-BULBAR NEURITIS

BY

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ON August 3, W. R., æt. 16, was sent to me by Dr. Barritt. He complained of vision in the left eye being blurred for one week and getting worse two days before I saw him. There was peri-orbital aching and slight pain on movement of the eye, and also when the eye was pushed backwards.

Vision R. 5/4. L. Fingers. Fundi normal.

There was a family history of tubercle, but general health fairly good. I diagnosed acute retro-bulbar neuritis, and prescribed usual remedies.

Appended is an account of the progress of the case.

August 10. Paresis of L. sixth nerve.

August 12. Vision of left eye worse. No P.L. Slight blurring of the optic disc. No injection of the eye. Movements limited in every direction, especially outwards. Normal temperature. The patient could not smell with the left nostril. On examination by Mr. Lindley Sewell, nothing abnormal in the left nasal cavity. Other cranial nerves normal. No pulsation, no bruit, and nothing felt in the orbit.

Radiogram showed absence of the left frontal sinus.

August 16. Complained of right eye. V. = 5/4. Fundus normal.

August 19. Marked proptosis of the left eye, and some chemosis of the conjunctiva. Left pupil widely dilated and fixed. Movement of the left eye very limited in every direction. R. V. = J. 20. Fundus normal.

August 20. Mr. Lindley Sewell explored the region of the left frontal sinus and exposed the dura, but found no evidence of the sinus or of growth. The left eye was enucleated but no evidence of growth found in the orbit.

August 22. R. eye hand movements on nasal side only. No proptosis, movements good. Slight blurring of optic disc.

August 24. R. V. = P.L?

The patient died three weeks later, and post mortem a flat sub-dural growth was found, evidently arising in the region of the sella Turcica on the left side, spreading to the middle fossa, and over the small wing of the sphenoid to the right side. The growth showed the characters of a periosteal sarcoma.

## NARROW AND SPIRAL FIELDS OF VISION IN HYSTERIA, MALINGERING, AND NEURASTHENIA

BY

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RETRACTION of the field of vision has been regarded as the most characteristic "stigma" of hysteria since Charcot first drew attention to it in 1872. Janet[1] considered it to be "the emblem of hysterical sensibility in general," and it led him to describe