6. Due to systemic condition—sympathetic—Graves' disease; endocrinal, malignant exophthalmos; metabolic—scurvy, rickets, haemophilia; hyperplastic—leukaemias, xanthomatosis, Paget's disease.

Methods of diagnosis—general exam. history; transillumination; X-ray pictures; blood tests, cytology; special laboratory studies; medical and surgical procedures.

REFERENCES
3. RADNOT.—Arch. of Ophthalm., pp. 140, 328, April, 1939.

ANNOTATIONS

Dissatisfied Patients

One of the great problems of medical practice is what to do with our dissatisfied patients. Happy is the practitioner who can truthfully say he never had any. Years ago at a Moorfields' Students dinner Sir Anderson Critchett was in the chair. His health was proposed by Mr. William Lang who said, among other things, that he always wondered what Sir Anderson did with his dissatisfied patients, as he never saw any of them. Sir Anderson refused to be drawn by this blandishment and the juvenile ophthalmologist got no useful tips as to how to deal with this troublesome question. One supposes that each of us in time and with sufficient practice evolves our own methods of dealing with dissatisfied patients. Much depends on the cause of dissatisfaction. Sometimes it is mutual, and then the best
plan is for surgeon and patient to part at once. If, in a moment of aberration, one has ordered a +2·0 sph. for a myope of −2·0 D., no wonder if the latter be querulous. But many cases, indeed most, are not so straightforward as this. If a patient appears to be unreasonable there is, we believe, usually some cause for it apart from the actual ministrations of the doctor. Some people are very hard to please and some would seem to have made up their minds before the examination starts to be troublesome. But often the general health is at fault and if you find evidence of advanced vascular disease in the fundus oculi you will be able to make allowances for asperity of temper and other short comings. A sense of humour helps some people, for there is often something ludicrous in these people's fancies; but it is just as well to keep your fun to yourself unless you know the patient very well indeed.

It seems likely that, under state control, some patients will continue to be dissatisfied; and that a large proportion of the profession will be as well, seems to be as certain as the fact that Mrs. Gamp liked her beer drawn mild. That eminent practitioner would surely have resented interference with her professional liberty and in our mind's eye we can see her consigning the bill to Jonadge's belly along with the Anikworks package.

When we were young a story went round the town of a dissatisfied patient who called on an ophthalmologist of international reputation to say that the glasses which had been ordered were not what he wanted. He adopted rather a truculent attitude and ended up by saying "I'm not satisfied." "Well, I am," retorted the oculist and the patient was dismissed. With free treatment for all there will be nothing to prevent a patient from consulting a different doctor every other week. What will be the reaction of those in authority, as the forms come home to their official pigeon holes, when it is found that Diogenes has consulted every doctor from Alpha to Omega in the short period of six months?

**Discussion on blindness in Prisoners of War**

A memorable meeting was held in Melbourne on May 2 when the Victorian section of the Ophthalmological Society of Australia (B.M.A.) met to discuss the blindness that affected Prisoners of War. Dr. F. G. Fenton was in the chair.

Dr. Robin Orr described the types of disease he had observed and the various conditions with which these could have been associated. A corneal condition referred to as "granular cornea"