

- (2) **Diez, Magin A. (Buenos Aires).**—**Ophthalmological syndrome in frontal lobe tumours.** *Arch. de Oftal. de Buenos Aires*, July-August, 1945.

(2) Ten cases of frontal lobe tumours were studied. Time of evolution from beginning of subjective symptoms ranged from three months to nine years. Average time was six months to two years. Apart from headaches, the initial symptom was diminution of visual acuity, sometimes taking the form of transient amblyopia. Other symptoms were pain in the globe and optic hallucinations.

The ocular signs were the following:—1. Moderate exophthalmos, generally bilateral. 2. Widening of palpebral fissures. 3. Nystagmus on looking at extreme limits, more marked on the side of tumour. 4. Hypertension of central retinal artery. Highest readings correspond to same side as tumour. 5. Bilateral papilloedema; oedema more marked on same side as the tumour. Foster Kennedy's syndrome was not encountered. 6. Visual acuity is diminished on the same side as the tumour. It is generally unimpaired in meningiomas unless they are of long standing and compressing the visual pathways or venous trunks. 7. Visual field changes.

(a) Generally the blind spot is of greater size on the same side as the tumour.

(b) Incongruous contraction of isopters in the majority of cases. Incongruous bi-nasal hemianopias or bitemporal hemianopia may be found.

(c) Central scotomata are frequent generally on same side as the tumour. They are bilateral when the tumour is situated at the basal medial region.

FRANCIS J. DAMATO.

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## NOTES

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**Appointment** MR. G. HOWARD BUCK, D.O.M.S.Eng., has been appointed ophthalmic surgeon to the East Suffolk and Ipswich Hospital.

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**Corrigendum** IN Mr. John Foster's letter on Lateral Orbitotomy, p. 311, line 20 should read operations in 4th, 5th and 6th case . . . in place of "operation in 4,506 cases.