

ABSTRACTS**GLAUCOMA**

Meyer, Otto (New York).—The primary cause of glaucoma. *The Eye, Ear, Nose and Throat Monthly*, December, 1945.

Meyer postulates a condition of chronic phlebitis of the jugular vein or veins as having great influence in causing primary glaucoma. He has found chronic jugular phlebitis in all cases of primary glaucoma which have come under his observation. The jugular veins, if inflamed, are sensitive to pressure and show induration. The condition is nearly always secondary to a focus of infection in the oral cavity, either dead teeth or diseased tonsils. Even a remnant of infected tonsillar tissue may remain deep to the scar left by removal of the tonsil.

In the matter of treatment, teeth and tonsils must receive attention and the best treatment for the jugular condition is the application of three or four leeches over the vein. Bleeding should be encouraged for six to eight hours. This treatment to the jugulars can be repeated at fortnightly intervals if needful, until the vein is normal and not sensitive to deep palpation.

R.R.J.

CORRESPONDENCE**LOCALISATION OF INTRA-OCULAR FOREIGN BODIES**

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—During the last 18 months there have been a number of articles in the Journal discussing the localisation of intra-ocular F. B.'s preparatory to their removal. Whatever may be the best method in an ophthalmic hospital, it was obvious that methods such as Sweet's were out of question under service conditions. Being in charge of a Base Ophthalmic Wing during the greater part of the Italian campaign, I soon realized that any practicable method had to be one in which the actual radiology could be done, as shortly and simply as possible, by non-medical staff, the interpretation of the films being done by the ophthalmic surgeon himself. This ruled out McReynold's method, which I believe was little used in the Italian theatre although the apparatus was an issue to ophthalmic units. I found the limbal ring method by far the most accurate, Skeoch's equatorial ring giving at the best only an approximation. Accuracy in localisation became increasingly important as one's preference changed, with increasing experience of the F. B.'s met with, progressively and decidedly from the anterior to the posterior route.

The one objection to the limbal ring was the time taken for what was practically a minor operation—I found nothing short of 4 sutures really kept the ring in place concentric with the cornea.