

marginal strips of tear fluid and the precorneal film are present, a point which so far as I am aware has not been made. Moreover the precorneal film seems to be composed of the usual three elements, but the mucoid component apparently predominates over the lacrimal film. Whether this is due to diminished lacrimal secretion alone, or the composition of the tear fluid is altered as well, needs further investigation. According to Frederick Ridley the protein content of the tears is reduced in cases of Sjögren's syndrome and in xerosis (personal communication). This may be significant, as the surface tension of the tears is influenced by the protein content, and with it the quality of the precorneal film.

My thanks are due to Mr. Eugene Wolff in whose clinic at the Royal Westminster Eye Hospital these observations were carried out, for his interest and helpful suggestions.

REFERENCES

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THE RELATION BETWEEN PERIPHERAL RETINAL CYSTS AND DIALYSES*

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THE simultaneous occurrence of cysts at the periphery of the retina and dialyses has been remarked on several occasions, and although a close relation between the two has been suggested, I have been unable to find definite proof that a dialysis may develop from the bursting of a cyst. The following case, which by a fortunate chance illustrated this sequence, is therefore of importance.

A healthy adult male, aged 44 years, was first seen on April 16, 1946; distant vision was normal and his only complaint was of presbyopia. In the left eye, however, a typical retinal cyst, approximately 2 × 1 disc diam., occupied the extreme periphery in the usual position, down and out at about 5 o'clock. He was seen three months later, when the cyst showed no observable change. After a further three months, however, the cyst had enlarged by about one-third and, although he had no subjective symptoms, in view of the fact that he proposed to go abroad for some years, an operation was arranged, the intention being to puncture the cyst by

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diathermy. He was seen again on December 2, 1946, the evening before operation, when the cyst was found to be more than double its original size. The next day, immediately before operation, a final ophthalmoscopic examination was made, and in place of the cyst a dialysis was seen occupying an area exactly corresponding to that previously occupied by the cyst, associated with a shallow detachment of the retina running a considerable way towards the disc. Diathermic coagulation was performed with a satisfactory result; six months later the retina was completely re-apposed and the vision was 6/5.

FACULTY OF OPHTHALMOLOGISTS

The following is the Honorary Secretary's summary of the business conducted at the last Council meeting on April 29:—

The following were elected Officers for 1949-50:—

President: Mr. Frank W. Law; *Vice-President*: Mr. J. J. Healy; *Honorary Secretary*: Mr. J. H. Doggart; *Honorary Treasurer*: Mr. A. B. Nutt.

It was reported that Dr. Charles Hill had written to the Ministry of Health protesting against the reduction in fee for work under the Supplementary Ophthalmic Service. It was also reported that a letter had been received from the Ministry of Health, stating that Mr. W. Penman was willing to undertake an investigation of the average time taken for a sight-test, and asking the Faculty to nominate four members to be associated with him as an informal working party to watch the investigation and study the results. Mr. Black, Mr. Healy, Mr. Gayer Morgan and Mr. Simpson have been nominated to represent both the Ophthalmic Group Committee of the British Medical Association and the Faculty.

It was learnt that the practice of referring patients from the hospital clinics to the Supplementary Ophthalmic Service did not meet with the approval of the authorities. It was agreed to write to the Ministry stating that the Faculty did not approve of this practice, but until more assistance, technically and financially, was received towards the progress of the Permanent Service there did not appear to be any alternative. It was also decided to point out that the prescriptions of the patients seen in Hospital must be made up in the Hospital; otherwise there would be no saving financially.

The draft handbook for ophthalmic medical practitioners and ophthalmic opticians, together with the comments of the Ophthalmic Group Committee, was considered. The Ophthalmic Group Committee's comments were approved, but it was felt that it should