THE POSITION OF THE AXIS IN ASTIGMATISM,
AND THE AMOUNT OF THE ASTIGMATIC
ERROR FROM AN ANALYSIS OF
FOUR THOUSAND PRESCRIPTIONS

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WHILE working, in 1918, among Canadian troops, I noticed on one occasion that seven soldiers in succession had astigmatism "against the rule." In order to satisfy my curiosity as to whether

astigmatism "against the rule" was unusually frequent among Canadians, I made an analysis of all the refractions that I had determined of Canadian soldiers and compared the results with those of a similar number from Imperial troops. The results from

each source closely agreed; but as the total number of refractions was less than 500, I did not feel confident that the statistics might not be vitiated by "imperfect sampling."

On returning to London I therefore made an analysis of 4,000 refractions from my father's patients and my own.

I was only anxious to determine the relationship of the axis to the mid-line of the face, and therefore added the refractions of the left eye to those of the right. The results may be seen in Diagrams 1 and 2. All astigmatism is expressed in terms of *minus* cylinders.

Diagram 1 represents the axis and value of each cylinder. Those in the first column, marked horizontal, include also those lying at 5° in the Right eye and at 175° in the Left; while those in the column marked 170 include also those at 175° in the Right eye, and 5° and 10° in the Left eye (Standard Notation).

At the bottom of Diagram 1 will be found the percentage frequency of the occurrence of the astigmatism in each position and the average amount of the astigmatic error in dioptres.

Diagram 2 is a graphic representation of these results. It will be noticed that astigmatism "against the rule" is of more frequent occurrence than is often taught, and that the curve is not symmetrical.

ANNOTATIONS

Fixation Abscess in the Treatment of Sympathetic Ophthalmitis

The treatment of sympathetic ophthalmitis by any or all of the usual methods is sufficiently unsatisfactory to justify the trial of any therapeutic measures which offer even a reasonable chance of success. The formation of a fixation abscess—a method of treatment originally introduced by Pochier (of Lyons) in cases of puerperal septicaemia—has been employed in various other diseases of a severe inflammatory and usually septic character, e.g., pneumonia. Within the last five years Van Lint, of Brussels*, has adopted this method in the treatment of severe intractable irido-choroiditis with results which he describes as "always favourable." Subsequently, in collaboration with H. Coppez, he submitted four cases of sympathetic disease to this plan of treatment and obtained a "remarkable success."

In two of his cases the treatment was adopted at the time of excision of the exciting eye; in the other two several weeks had elapsed since the enucleation, which had failed to exert any beneficial effect upon the progress of the disease in the fellow eye. In all four the inflammatory phenomena underwent rapid amelioration, with diminution of the circumcorneal injection, clearing of the media, and dilatation of the pupil.

The technique is simple and the discomfort to the patient not excessive. One cubic centimetre of pure oil of turpentine is

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* *Archives d'Ophtalmologie*, July-August, 1919, p. 621.