Some years ago one of our ablest physiologists advised me to go to Prof. Asher, of Bern, whom he considered the best qualified man in Europe to give an opinion on the theory of vision. I did so, and discussed the subject in minute detail. The following is an extract of a letter received from him March 11, 1920: "Your theory as to rods and cones, and their position in a photo-chemical theory seems to me very suggestive. I have always found a great difficulty in reconciling the facts of parallelism between the physical properties of the visual purple and the vision during dark adaptation with the physiological and psychological improbability of the Parinaud-Kries theory. Your views seem a way to avoid the difficulties."

The most conclusive fact against the duplicity theory is that when a colourless spectrum has been obtained, with further dark adaptation colour re-appears; in fact Burch stated that with complete dark adaptation there was no photo-chromatic interval. Spectral coloured light appeared as coloured immediately it was visible as light.

THREE CASES OF TOTAL REMOVAL OF IRIS

BY

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P. A., a fitter, came to me some years ago saying that he had been struck in the left eye by a piece of iron. The A.C. was full of blood, and there was a fine cut, not more than 1/8 inch long, just outside the cornea. The presumption was that the piece of iron was in the eye. A skiagram was negative, but I knew that the chip was small and thin from the very small hole. Accordingly I tried with the only magnet I then possessed, a small one, to get the fragment out. Using a fine terminal, introduced through the wound, I made three attempts, but failed. I decided to do no more, and expected the eye to do badly. To my surprise it remained quiet, and a week later the blood had more than half gone, but no iris was visible. It had in fact been entirely removed through the tiny wound and there was no foreign body in the eye at all. The most unexpected thing was that when I saw him some months later I found that I had escaped damaging the lens, and that even the vitreous was almost clear. Vision was 6/9. There was no trace of iris, and the whole lens and the tips of the ciliary processes could be seen all round.

A. B. M., a carpenter, came to me two years ago with the history that the night previously he had fallen against some wire netting and hurt his eye. It was very red, the A.C. was full of blood, and there was a scar above with iris pigment in it. I
cauterized the scar and sent him to hospital, giving him little hope, as the eye looked like suppurating.

The eye became quiet, however, and two weeks later I found that the iris was absent, and that there had been a laceration of the lens capsule. This was dealt with subsequently, and after removal of the lens, a convex glass gave him 6/9. In this case it was evident that the eye had been pierced by an end of wire and the iris hooked out, as in the first case, through a tiny opening.

D. L., a case of chronic iritis in a deaf and very stupid man, was in hospital at the same time as the preceding patient. There was no causal history except bad oral sepsis. There were "punctate keratitis," and iris bombe. I decided to do an iridectomy, and an anaesthetic was administered. Just as I caught the 'iris the patient gave a sudden cough, and I instantly let go. On introducing the forceps again I found that the iris was loose and it came out entire, without an apparent tear in it. There was hardly any bleeding and the lens was seen to be opaque. The eye quieted down quickly and there was no more inflammation. The lens has not yet been removed, as the other eye sees well. It would appear that in some cases of obstinate chronic iritis the total removal of a thickened iris is not merely easy, but is very effective as a cure.

DETACHED RETINA

BY

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THIS case was lost sight of and could not be published in time for the committee of the Ophthalmological Society which reported a few years ago.—Klaas Faure, a boy of twelve, was under my care in September, 1912. His left eye had been blind from detached retina for two years. He gave the history of a slight injury to the good eye five months ago and sight had got bad a month later. He could count fingers at three metres. In the upper part of the right fundus there was some scarring, and much pigmentary change, some similar change on the outer side, a chain of vitreous opacities in front, and a large grey and apparently oldish detachment in the lower part of the fundus. After a week's rest I did a scleral puncture below and removed some clear yellowish fluid. After another week I was unable to satisfy myself that any retina remained undetached except a small area nearly out of view. As I was not able to give the father a definite promise of success he took the boy out of hospital, much to my regret. It was reported to me that in 1916 the boy was able to see well, and in the same year I saw him.