CASE NOTES

(1) ANTERIOR LENTICONUS

The infrequency of anterior lenticonus compared with the posterior type may justify a brief description of a recent case.

A man aged 20, working as a shipwright's apprentice, has Henoch's purpura. The visual acuity is 6/36 in the right eye and 6/18 in the left, and does not improve, but binocularly he sees 6/12. In miosis he is highly myopic, seeing 6/12 with -7.5 D sph. in the right eye and -6 D sph. in the left. There is central anterior lenticonus in both eyes, with pigment granules on the central part of the anterior capsule. The posterior curve appears normal, as do all other aspects of the eyes.

(2) COORDINATION IN APHAKIA

A patient aged 67 has recently won two golf competitions and achieved a hole in one, when wearing lenticular glasses after bilateral cataract extractions.

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BOOK REVIEWS

Bericht der Tagung über Oto-Neuro-Ophthalmologie in Dresden vom 11 bis 13 Oktober, 1962. (Proceedings of the Oto-Neuro-Ophthalmological Meeting, Dresden, 11-13 October, 1962). Edited by K. VELHAGEN, F. HOLLWICH, and F. MÜLLER. 1963. Pp. 382, 172 figs. Thieme, Leipzig. (DM. 45.50)

This volume contains the papers read at a combined meeting of ear, nerve, and eye specialists working behind the iron curtain. A series of interesting ophthalmic subjects is discussed. The contribution of the late Pascheff (*Sofia*) to the symposium dealt with quadrant hemianopia after occipital lesions, Badtke (*Halle*) spoke on ocular anomalies in experimentally-produced cranio-facial malformations. Sachsenweger (*Leipzig*) discussed the sparing of the macular vision in hemianopia; he believes that this sign is usually an artefact produced by an inadequate perimetric examination, so that it cannot have any localizing value. It is curious that Pascheff states in his paper that the macula was always spared in his cases of lower quadrantanopsia resulting from lesions of the upper part of one calcarine cortex or the upper occipital nerve fibres radiating into this centre. Velhagen (*Berlin*) and Hollwich (*Jena*) read papers on the operative treatment of paralytic squint and Landgraf (*Jena*) reported the results of this treatment. Börner (*Berlin*) spoke on the position of the squinting eye under anaesthesia and Vesper (*Leipzig*) on instability and changes of fixation and ocular dominance. Nine papers dealt with disturbances of the carotid circulation including their diagnosis by ophthalmodynamometry and biopsy of the temporal artery. There are other noteworthy papers; e.g. that of Hagemann (*Berlin*) on anomalies of the pupil, which are probably due to an inflammation of the ciliary ganglion.