A HIGH DEGREE OF MYOPIA

BY

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THE patient, J. H., is aged 35 years. He has served for two years in the Army in a labour battalion, and for about one year of this time he was in France.

In the right eye the retinoscopy is — 60 D., and in the left — 24 D. His vision in each eye without glasses is less than 1/60 and with the full correction in the right is 3/60, and in the left 6/60.

The fundus in both eyes is normal except that in each eye there is a very small myopic crescent. The absence of any marked fundus changes and the fact that the eyes are not abnormally prominent seems to show that this is probably a congenital condition, the eyes being abnormally large and the orbits correspondingly increased in size.

It has not yet been possible to have an X ray taken of the orbits as the man has considerable difficulty in attending hospital.

AN EYELASH IN THE BULBAR SUBCONJUNCTIVAL TISSUE

BY

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THE following condition being of rather unusual occurrence, appears to be worthy of a brief note.

Private T. was sent on account of defective vision and discomfort in the right eye.

He stated that about five months previously he was injured in the right arm and eye by the explosion of a shell. He was treated in a base hospital, mainly on account of the injury to his arm, the eye condition demanding little attention at the time. Although he did not complain of much amiss with his eye, he has felt, since the injury, that there was something wrong, and he ultimately reported sick, and was sent to this hospital.

On examination the condition was as follows: R.V. 6/12; L.V. 6/6.

The right eye showed little or no sign of lesion on ordinary inspection, but on careful examination with the corneal loupe, a small whitish object was seen at the outer part of the limbus, and was taken to be a "foreign body" lying superficial to the limbus. There was a slight degree of local inflammation involving the cornea

for a short distance. A small round area of greyish colour lay to the outer side of the object, and at a distance of about 3 mm. from the latter.

The eye was well cocainized, and an attempt was made to dislodge the foreign body by means of a blunt spud. It was of minute size, and somewhat mobile, but did not come away at first in front of the spud. After a little manipulation, however, I was able to dislodge it, and draw it downwards along the margin of the sclerotic, when I found, to my surprise, that it drew after it a small hair which had been imbedded in the subconjunctival tissue. The object first observed was obviously the root, which had become slightly bulbous, and opaque from inflammatory changes. The buried end of the hair was white and soft, and had lain apparently close to the greyish region already mentioned.

The eyeball had evidently been forcibly struck by a piece of grit which pierced the conjunctiva at the sclero-corneal margin, and passing in an outward direction carried with it an eyelash, the root of which remained above the surface at the limbus, setting up a slight local irritation.

The fundus was normal, and no further treatment was necessary.

ANNOTATIONS

A Prize in Ophthalmology

THERE can be no greater stimulus to original work than the offering of prizes in special subjects. An excellent example is afforded in this country by the Middlemore Prize awarded triennially by the British Medical Association. Many of the essays written in competition for that prize remain as standard works upon ophthalmological subjects. We have reason, therefore, to be grateful to Mr. W. Edmonds and Miss S. Edmonds, of Wiscombe Park, Colyton, who have founded a prize in ophthalmology in memory of their brother, Nicholas Gifford Edmonds, Lieutenant, 2nd Black Watch, who fell at Magersfontein, on December 11, 1899. The sum of £100 will be awarded every second year for the best essay (which must show evidence of original work) dealing with an ophthalmological theme, and the competition is open to all British subjects holding a medical qualification.

Subject to certain legal regulations, the management of the Gifford Edmonds Prize is vested in the hands of a Committee biennially nominated by the Medical Board of the Royal London Ophthalmic Hospital, who will select the subject of the essay and elect two