received, however, 1.95 grammes novarsenobenzol intravenously in four weeks, spread over ten doses (14/2/22 till 17/3/22). Larger doses were not considered indicated on account of the risk of damaging nervous tissue which had already proved itself to be susceptible to attack. Mercury was administered by mouth in the form of pil. Hg. protoiodide, gr. 1/3, t.i.d. This he was instructed to continue for three years, 21 days per month.

Precisely one month after the previous perimetric reading, the fields of vision indicated a recession of the blind area to approximately the 50° circle: i.e., a relatively complete recovery in the left eye and more than half the full extent of the normal field in the right eye. (Fig. 2.)

No other systemic or nervous symptoms developed in the meantime. On account of force of circumstances he returned to East Africa on 18/3/22. The publication of this note has been delayed in the hope that the patient might reappear in Cape Town for further observation and treatment, but this hope has not been realized.

Comment

From the ophthalmic standpoint the case resolved itself into one of a right-sided homonymous hemianopia as the sole pathological feature. The complete absence of systemic syphilitic manifestations is particularly striking. The slight difference in size between the palpebral apertures may have been congenital or possibly due to sympathetic irritation though proptosis was absent.

The lesion present would be left-sided, and situated at any point along the optic tract from the chiasma to the sub-cortical and cortical centres. In the absence of other clinical signs there was no means of accurately localizing the point of interference with visual perception excepting the significance of the hemiopic pupil reaction which, in this instance being absent, would suggest that the lesion was not situated in the optic tract itself.

ANNOTATION

Miners' Nystagmus: the question of compensation

In an annotation the Lancet (August 11, 1923) draws attention to the Second Report of the Miners' Nystagmus Committee of the Medical Research Council, which discloses what appears to be a serious flaw in the Workmen's Compensation Act. After detailing the causes of the great and increasing relative prevalence of compensated incapacity from miners' nystagmus as compared
with France, Belgium and Germany, the Committee express the opinion that the compensation is in many cases unnecessary, as mild cases of nystagmus do not necessarily involve incapacity for work, and in fact, often persist for years without the knowledge of the patient. In the opinion of the Lancet, the most important conclusion is that “most cases of miners’ nystagmus are only partially incapacitated; they benefit physically and psychologically by work. Some require work above ground; others are fit for suitable work below ground. All men in this group should receive every encouragement to start work as soon as possible.”

Our contemporary considers that this report throws down a challenge, and that if its conclusions are justified a drastic alteration in the law of compensation is called for, but that the legislator may fairly demand some sort of unanimity of opinion among the experts. The important points at issue are first, whether the psychoneurotic symptoms are an essential part of the disease, and secondly, whether or not slight cases of nystagmus tend to become worse with a continuance of underground work.

ABSTRACTS

I.—XEROPHTHALMIA


(1) Yudkin and Lambert by feeding six young rats, weighing from 45 to 50 grammes, on a diet consisting of casein, mineral salts, starch, lard, and yeast—that is to say, a diet deficient in fat-soluble vitamine A—found that after 45 to 60 days there was a watery lacrimation with a sero-sanguineous secretion from the conjunctiva. The rats were then killed and the eyes examined microscopically. In all cases early focal lesions were present in the epithelial lining of the eyelids. The changes consisted of localized degeneration foci of the epidermis with cellular infiltration which in some of the animals extended into the subepidermal tissue. The cornea was not involved. It is concluded that the keratitis resulting from deficiency in fat-soluble vitamine A does not begin in the cornea but in the lids, as in some of the severer types of acute and chronic conjunctivitis which are often complicated by corneal injury, with infection and ulceration of that structure.

S.S.