I often found them as senile changes absolutely opposite the pupillary area in especially crowded numbers.

If these prominences, as is not unusually the case, are combined with plentiful pigment-dust (previously described, page 102) a highly pathological aspect may be suggested to one who is not experienced in slit-lamp microscopy.

In focal light one sees the drop-like shining prominences and near them the brown pigment-dust; and, in the mirror-area, the dark round holes in whose sides the cells are very clear. Finally, one recognizes the gross bedewing and at the same time the fine black peppering which the pigment causes. In sympathetic ophthalmia the knowledge of such appearances is of importance; an inexperienced observer could easily see beginning precipitates in the dust and wart-like formations. Also in industrial accidents the appearance could cause difficulties, so that an accurate knowledge is indispensable for every slit-lamp observer. (Two illustrations accompany the text.)

ANNOTATION

Mistakes

Froude once wrote "instruction does not prevent waste of time or mistakes; and mistakes are often the best teachers of all." In ophthalmic surgery, as in other walks of life, the best performer is not the man who makes no mistakes but he who makes the fewest. It is not easy to give a classification of mistakes. The cynic will divide them into those that matter and those that do not, and will probably qualify this by saying that as long as the patient does not realize that a mistake has been made, no mistake matters. Then, again, there are those we make for ourselves and those we see made by other people; the wise men will learn from both kinds, but, if he is really wise, he will learn more from his own mistakes than from those of others, though he will surely get more amusement from those of his neighbours than from his own. The patient will almost certainly estimate a mistake at its wrong value; for how often do we get credit for a deed when we really deserve blame? And the reverse. It is not always wise to ask a female patient her age, and it is a mistake to handle a patient without first washing the hands. When all is said, mistakes in our profession are usually those of omission rather than of commission; most of them arise from the failure on the part of the surgeon to put into practice the routine examination of the case, often due to the patient coming late for the appointment, or to the surgeon trying to fit more work into the day than can be dealt with in the time at his disposal.

It is a mistake for a man so to concentrate on any particular branch of his work that he loses sight of other equally important parts of the examination; for instance, there is little excuse for a man who is so bound up in eighths of a dioptre of astigmatism that he misses a detachment of the retina, except the time honoured excuse of "mere ignorance."
We remember very well a mistake we made soon after beginning practice; it concerned an elderly man who had only one useful eye and who complained of failing vision in it. A searching examination failed to reveal anything amiss except a few opacities in the vitreous. Not knowing what to do for the man, he was ordered mercury and iodide of potassium and was told to call again in a week. When next seen, he was found to be suffering from acute mercurial poisoning; it took a week to get the mercury out of his system and the mouth was so sore that for a month he was unable to hold his pipe between his teeth; this cured him, for he was a case of tobacco amblyopia. Needless to say, he was a guinea patient and as he paid many attendances he got value for his money; it was the hardest guinea ever earned, but the writer earned more than the guinea; he learnt never to overlook the possibility of toxic amblyopia in an elderly man.

There is under our care at the present time a middle aged female who has been nearly driven out of her senses by the information supplied to her by an oculist that she had cataract developing. The vision with correction was 6/6 partly two years ago and is the same still. We have seen drops of iodide of potassium ordered to a very old patient who had chronic glaucoma and whose lenses did not show sufficient opacity to account for his visual failure. We have seen spectacles ordered to a young domestic servant who was suffering from episcleritis, the nodule being under cover of the upper lid. We have ourselves got into trouble for dilating the pupils of a patient and have been accused of ruining the patient’s sight. Enough samples of mistakes have been given within the limits of art annotation. We shall always do well to magnify our own mistakes and minimize those of others.

ABSTRACTS

I.—DISEASES OF CORNEA


In this paper, which occupies seventeen pages of the Archives, Wolz reviews the literature on the subject exhaustively, and on the data collected, comes to the conclusion that keratoconus is inheritable.