as a result of the production of alkali-albumen by the ammonia. It is to be noticed that a 10 per cent. solution of ammonia may produce an intense iritis. The lens seems to have been unaffected.

The following conclusions may be drawn from the above case:

1. Not only pure ammonia gas and concentrated liquid ammonia, but also 10 per cent. solutions may cause severe ocular injury and even, as a result of necrosis, lead to the loss of an eye.

2. That the prognosis in case of ammonia burn should be very guarded since mild original symptoms may later become very serious.

3. This case suggests the inadvisability of the use of ammonia in dealing with cases of fainting.

REFERENCES


ANNOTATION

Congenital Nystagmus

In a brief note in the British Medical Journal of March 7, Dr. Stenner Evans records an unusual family history of nystagmus. His own patient, a woman, aged 55 years, had marked lateral nystagmus. She informed him that both her father and grandmother (both of whom she remembered well) had always suffered from a similar condition. The patient had six children, five daughters and one son. Of these children, the son suffered from marked nystagmus, but only one of the daughters was slightly affected. The son has one daughter who suffers from nystagmus. Thus nystagmus has appeared in five generations, and is transmitted through both male and female members. One of the male members of the family was a coal miner, and was rejected in 1916 by the recruiting authorities as suffering from miners' nystagmus. Dr. Evans is able to quote another case of congenital nystagmus who had the misfortune, when claiming compensation for miners' nystagmus, to be examined by the same surgeon who had seen him at an early age, before he had ever entered a coal mine, suffering from congenital nystagmus, and had fortunately kept notes of his condition at that period.

Such cases as these above recorded should emphasize the necessity for care in diagnosing miners' nystagmus and awarding compensation solely on movement of the eyes.