the vitreous, the result of focal sepsis or of old hæmorrhage, as well as various pathological conditions at the periphery of the fundus. However, there is no great objection to ordering a presbyopic correction for a patient with 6/6 vision in each eye, provided the patient is given to understand that for his convenience the examination has been curtailed. However, I rarely do this in private.

ADULT LIFE.

Squinting patients who come under observation during adult life occasionally gain binocular vision, when the vision is good in each eye, after a successful operation has been done. More usually the squinting eye is permanently defective or amblyopic, and operation is done for cosmetic reasons only.

The *variety of operation* to be performed must be left to the surgeon to decide in accordance with his experience, and according to the condition of the eyes in each case. Whether advancement alone, or advancement combined with tenotomy, which may have to be performed on both eyes, is to be done, or whether the muscle is to be set back as regards its attachment to the sclera, a recession or retirement operation must depend on the case in hand.

THE CONTINUOUS WEARING OF GLASSES.

I wish to say a few words as regards the question which is often asked by patients: "Must I always wear my glasses?" It is necessary to discriminate as to the different types of case in answering such a question.

It is clear that patients who merely require a presbyopic correction for reading not only need not, but should not, wear their glasses for the distance. In all cases of ametropia a correction by means of lenses, either spherical or cylindrical or both, is required to enable a clear image to be formed on the retina of external objects without exercising undue strain on the ciliary muscle. This correction is adapted for use for both near and distant objects, provided the mechanism of accommodation is in proper working order, the patient being under 40 years of age. In cases of hypermetropia and astigmatism, where there are no headaches or other sign of ocular fatigue, and in which the muscular balance is unimpaired, the glasses may be discontinued intermittently as desired; but in those cases where there is headache or other disability the glasses should be worn continuously. In the case of ladies who, for cosmetic reasons, are averse to wearing glasses continuously, I sometimes say, "There are 24 hours in the day, during which about 8 are spent in bed, where certainly you are not required to wear glasses. This leaves 16 hours, which are certainly not all spent in society, the majority being spent at home. If you wear your glasses during 10 or 12 hours of this time, it is possible that you may avoid any more eye fatigue, but remember that your eye will always require the

addition of glasses to make it a perfect optical apparatus." In the case of young girls it is legitimate to tell them that if they will wear the glasses regularly while they are at school they may be able to discontinue them, partially or entirely, when they are a little older. I prefer to tell patients that the glasses, when worn discontinuously, should be put on for so many hours a day, rather than to tell the patient to wear them when reading. If persons with a still active accommodation are told to wear the glasses when reading, as is generally done, they get an entirely wrong idea of the condition of their eyes, and of the purpose for which the glasses are worn.

In cases of myopia different principles must be enunciated. It is of great importance that the full correction should be worn in all except the very low degrees of this kind of ametropia. If this is not done, there is a liability for the myopia to increase. With increase in the myopia there are many other unfortunate sequelæ, such as fundus changes, including detachment of the retina. It is of the greatest importance to avoid these complications as far as possible by the prevention of undue strain, and the provision of the correcting glasses for constant wear.

When a patient is unfortunate enough to have an error of muscle balance in the vertical direction, or hyperphoria, which is corrected by a prism, it is absolutely necessary in most cases that the glasses should be worn constantly, and that the surgeon should see that the error is the same for both distant and near vision, as different prisms may be required for each.

CLINICAL CASES

AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

BY

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CLINICAL evenings are held at the above hospital at 5 P.M. on the first Tuesday of every month, and last for about one hour and a half. They are open to post-graduate or under-graduate students. Each meeting is taken in turn by a member of the staff, and the cases attending are those selected by him from his clinic during the preceding six months. The proceedings open with a short lecture by the surgeon in charge of the cases. The latter are then distributed in the dark rooms with their notes and any drawings which may have been made of their condition, and the visitors are free to examine them as fully as they wish.

CASES EXHIBITED.

A short description of some of the cases exhibited at the last meeting may be of interest.

CASE 1.—T. S., a boy, aged 4½. When first seen in January, 1924, there was a white reflex visible in the pupil of the right eye. On examination this was found to be due to white flocculent masses floating about in the vitreous. There was also a large detachment of the retina. The left eye was normal. A diagnosis was made of glioma of the right retina and the eye was excised. Pathological examination of the eye confirmed the diagnosis. The precaution was taken of making sections of the cut end of the optic nerve, and glioma cells were found to have permeated up to this point. As this indicated a probable extension of growth into the orbit, exenteration was performed and the orbital cavity skin grafted. In spite of this a small mass was found to have developed in the orbit four months later and the boy was sent to have radium treatment. This was eminently successful, the mass shrinking in size and eventually disappearing. There was a slight recurrence in August, 1925, for which radium treatment was given, and at the present date (July 6th, 1926) there is no sign of the growth, the orbit being quite clear and free from any discharge. Luckily, there has been no development of glioma in the left eye, although the disease is bilateral in 25 per cent. of cases.

The above case serves to show the efficacy of radium in one of the most malignant neoplasms known.

CASE 2.—A. H., female, aged 49. Attended the hospital in July, 1923, with a history of pain in the right eye for the previous 24 hours. Vision was reduced to ability to count fingers, the cornea was hazy, the anterior chamber shallow, and the pupil dilated and inactive. The intra-ocular tension was +2. The left eye was normal. The patient was admitted and iridectomy was performed on the right eye. The result was satisfactory, the tension coming down and vision improving to 6/18 with glasses. Tension remained normal in the right eye, but in spite of this optic atrophy developed first in the right eye and then in the left. The condition might have been taken for atrophy following on the glaucoma, and there were now and again some signs of chronic glaucoma in the left eye which was therefore trephined. The atrophy, however, was not typical of glaucoma because the discs were not cupped and a general examination was therefore made which revealed the presence of tabes.

This case is interesting in that it exemplifies the possibility of a double lesion causing defect of vision. There was no doubt about the genuineness of the glaucoma, especially in the right eye, which was of almost stony hardness, when the patient was first seen. The treatment of the glaucoma was successful, in that the intra-ocular tension was reduced to normal. But in spite of this, the insidious progress of the tabetic atrophy was in no way arrested.

CASE 3.—F. O. B., male, aged 23, attended for defective vision, which was improved up to 6/6 in each eye with the necessary correction. Examination of the right disc disclosed the presence of a brilliantly white patch adjacent to its lower border; the vessels passing through this area were partially obscured by it, and its lower edge appeared to be feathery in outline. The condition was not inflammatory, but was due to the occurrence of myelination of some of the nerve fibres passing from the lower part of the retina to the optic nerve. This abnormality develops shortly after birth and is of fairly common occurrence. If not recognised, it is liable to be mistaken for a patch of retinitis.

CASE 4.—M. C., female, aged 47. Attended hospital for glasses with which vision was brought up to 6/6 in each eye. Both fundi showed numerous yellowish white dots in the mid-peripheral zone. These obviously did not affect vision, as the peripheral fields were full. The appearances rather suggested retinitis punctata albescent, a disease allied to retinitis pigmentosa. There was, however, no history of night blindness, the fields were full and there was no trace of optic atrophy. The alternative diagnosis of numerous colloid excrescences developing from the membrane of Bruch (in the choroid) is therefore probably the correct one.

CASE 5.—F. B., male, aged 25. Attended hospital for defective vision, not improved by wearing glasses. Ophthalmoscopic examination after homatropine and cocaine disclosed the presence in each eye of a disc-shaped opacity occupying about the central two-thirds of each pupil. With the lens and loupe this disc could be seen as a hazy greyish area in each lens due to the presence of lamellar cataract. This condition is in all probability due to a temporary parathyroid insufficiency occurring at the time the defective lamellæ are being laid down. This insufficiency allows guanidin and methyl guanidin to circulate in the blood, thus interfering with calcium metabolism and causing defective formation of the epiplastic structures laid down at the time of the parathyroid insufficiency. In consequence of this, other structures than the lens may be affected and it is common to find horizontal ridges on the permanent incisors—the so-called lamellar teeth—due to temporary interference with the development of the enamel organs. It is also not uncommon to have a history of fits in infancy, due to temporary interference with the cerebral cortex.

Seventeen cases of various types were shown at the meeting, but the five cases described are sufficient to give a clear impression of the proceedings.

Correspondence

LECTURE-DEMONSTRATIONS IN PROVINCIAL TOWNS.

To the Chairman of the Editorial Committee of the Fellowship of Medicine.

SIR,—“What is the Fellowship of Medicine going to do for us?” was a question asked recently at a medical meeting in a large provincial town, where over 60 members were present, and where over 30 members are subscribers to the POST-GRADUATE MEDICAL JOURNAL. That is the question I ask the Fellowship now. All the help we receive up to the present is from reading the POST-GRADUATE MEDICAL JOURNAL. Why is this? We are out of touch with each other. The ice has to be broken. We want some of the heads of the profession to visit us, and demonstrate to us in our local hospital. The heads of the profession are, I have no doubt, ready to come, but being modest men do not like to offer their services. We do not like to ask men to come and help us at a great sacrifice of time and money. There is no fund at present to pay them. Is there any way of raising a fund for this purpose? I leave that for the consideration of the members. The knowledge that the lecturer is paid for his work would make us feel we were not imposing on his good nature.

We possess a clinical secretary, and a list of cases to be shown, with provisional diagnoses, could be sent to the lecturer beforehand. The afternoon is the only time we could arrange it. Late at night would be inconvenient to the hospital staff and patients. A visit twice a year would be a great help, and would keep us in touch with the Fellowship. The remaining clinical meetings we could hold ourselves.

Oct. 14th, 1926.

Yours truly,
A PROVINCIAL.