

Retinitis Circinata.—E. AMMANN (Zürich) reports the first case of this disease in which the opportunity was presented for anatomical examination of the affected retina. The condition, first described by Fuchs in 1893, is characterized by a collection of white spots in the retina arranged in the form of a wreath. This wreath may extend around the macula, or encircle the disk, or be located elsewhere. The spots composing it may run together, forming a white plaque. Retinal hemorrhages occur, and the smaller retinal vessels may be markedly abnormal. The appearances suggest albuminuric retinitis; but the arrangement of the spots differs notably from the arrangement typical of that affection. The condition does not especially depend on syphilis, gout, albuminuria, or other recognized general disease; but albumin may be found in the urine.

Amman found that the retina presented great numbers of small hemorrhages that were not observed during life or macroscopically. The white spots clearly had their origin in hemorrhages, although they could not be seen to follow the hemorrhages directly, because in an intermediate hyaline stage they became invisible. The white spots were areas of fatty degeneration.—*Archives of Ophthalmology*, vol. xxvii., No. 2.

Glioma of the Retina.—C. D. MARSHALL (London) reports thirty-two cases which have been treated in the Royal London Ophthalmic Hospital since 1890. In five of these both eyes were removed for the growth. In 35 per cent. of the cases the tumor was detected during the first year of life; in over 80 per cent. it occurred before the child was three years old; in fifteen cases there was no recurrence, twelve of these having been seen after three years. He, however, reports one case in which, after removal of the eye, the child remained in good health for five years, and then suffered with what the surgeon in charge said was a recurrence of the growth in the brain.

In one case of undoubted glioma the tumor had undergone atrophy, with shrinking of the whole globe. He includes one instance in which three children of one family suffered from glioma, two of them dying of it. Such an occurrence is probably very rare, but should be borne in mind when the surgeon is asked about the possibility of the same disease affecting other children of the same parents.

In any case the prognosis after removal must be guarded, even though the growth be comparatively small, and it is exceedingly important to remove such a growth as soon as possible after its appearance.—*Roy. Lond. Ophthal. Hosp. Rep.*, vol. xiv. p. 456.

Mechanism of Strabismus.—J. H. FISCHER (London) calls attention to the very important influence of the accessory adductors and abductors of the eyeball in causing and perpetuating concomitant strabismus. He suggests that the combined actions of the extra-ocular muscles in effecting even the most simple movements should be more fully recognized. As the eye is turned out the oblique muscles become abductors, with more and more power of abduction the further the eye is turned in that direction.

On the other hand, the superior and inferior recti muscles are accessory adductors, with no power of adduction if the eye is turned outward; but with

increasing adductive power as it is turned toward the nose.—*Royal Lon. Ophthalm. Hosp. Rep.*, vol. xiv. p. 448.

[It is gratifying to note the more general recognition of the folly of regarding convergence as merely a function of the internal rectus and divergence a function of the external; and the equal folly of attempting to overcome all sorts of convergent and divergent squints by operations upon one or the other or both of these muscles. The surgical work of the last few years upon the extra-ocular muscles has brought this positive advance. It has to some extent revealed the incorrectness of most of the theories upon which that work was based.]

Hemianopsia and Blindness Following Uterine Hemorrhage.—A. R. AMOS (Des Moines) reports the case of a woman, aged fifty years, extremely anæmic after repeated uterine hemorrhages, who suffered from right hemianopsia, coming on suddenly with dizziness and headache. Subsequently she underwent an operation for removal of a uterine fibroid, and three days later became entirely blind. Subsequently central vision returned so that she could read Jaeger test-type at fourteen inches, but only one letter at a time, the rest of the field of vision remaining entirely blind. The restored field was not over five degrees in diameter. The ophthalmoscopic appearances remained normal throughout. The case is probably one of double homonymous hemianopsia from two lesions symmetrically placed, occurring at different times.—*American Journal of Ophthalmology*, June, 1898.

Extract of Suprarenal Capsule in Ophthalmic Practice.—J. J. KYLE (Marion, Ind.) confirms the observations of Dr. Bates regarding the astringent effect of the powdered extract of the suprarenal gland. When used in the eye, nose, or throat, no smarting or irritation is produced. In the eye there is a sense of coolness, with no mydriatic or myotic effect. The conjunctiva, regardless of congestion, turns suddenly pale, due to contraction of the coats of the vessels, and remains so from one to two hours. Nor do we notice any congestion after this astringent effect has subsided. The conjunctiva, furthermore, manifests no intolerance from long use of the drug.

In operations upon meibomian cysts, in which complete anæsthesia under cocaine is difficult to secure, on account of the great vascularity of the parts, by using the extract as indicated the operation can be done with distinctly less pain than when cocaine is used alone. The extract is especially indicated in cases of chronic trachoma characterized by marked vascularity and lachrymation, in pannus, lachrymal inflammation, acute conjunctivitis, panophthalmitis, and iritis. Again, in operating upon the lachrymal duct, complete anæsthesia is procured by injecting a few drops of the extract preliminary to the cocaine.

Care must necessarily be taken in preparing the solution and in keeping it thoroughly sterilized. It is wise, as far as possible, to prepare fresh solutions. To do this take twenty grains of the saccharated gland and a 2 per cent. solution of phenic acid; mix, and filter through filter-paper. This gives a clear solution of a brownish-red color, which must be kept corked and free from light. Two or three drops in the conjunctiva produce the complete astringent effect.—*Ophthalmic Record*, April, 1898.