After this the disease ran the ordinary course of acute rheumatism. The temperature came down under salicylates on the tenth day. One other joint was affected, the elbow. There was some slight affection of the heart, relative incompetence with a soft systolic bruit. This shortly disappeared and, save for the somewhat fœtal character of the sounds, which persisted for some time, there was nothing abnormal.

This attack took place over a year ago and there has been no recurrence.

One must, of course, regard the paralysis as functional, but the sudden and dramatic onset, without any signs of the governing disease was certainly misleading.

IV.—TOTAL BACKWARD DISPLACEMENT OF THE LENS.

The patient, a young Orakzai, complained that, since he had been struck in the eye by a stone some two years previously, he had not been able to see with it.

On examination, the exterior of the eye was normal, the cornea clear and unmarked by scars. The pupil was slightly dilated, and the iris tremulous. Ophthalmoscopic examination revealed the fact that the lens was absent, from its normal situation, but a perfectly clear view of the normal fundus could be obtained, no strands or remnants of capsule blocking the way. There was no sign of inflammation in any part. With suitable lenses the patient got perfectly good vision.

I presume that the blow from the stone produced what is the ideal result in the Indian operation of Couching.

GUTTATE OR NODULAR KERATITIS.

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ON April 2nd, Maung Chit Tun, aged 29 years, a Burman, presented himself at the Out-patient Department, Rangoon General Hospital, complaining of defective vision.

History.—Unmarried, goldsmith by trade. Father alive, aged 78, mother aged 75; both healthy. Only brother died insane 4 years ago. Two sisters, one died of "fever." Other alive, but has dimness of vision. No history of tubercle or syphilis. Dimness of vision began 9 years ago.

Examination.—Both eyes equally affected. Pupillary areas contain a number of small opaque patches, irregular in shape and size and occupying the most central position. Between the patches the corneæ are in places clear while in others contain minute dots.

Bowman's membrane is not raised over the patches. There is a clear zone inside the periphery of the corneæ entirely free from opacities. Vision-fingers at 1 metre each eye. Tension normal. No anterior ciliary or conjunctival distension. Slight photophobia. Fluorescin no reaction.

Patient admitted to hospital where he remained two months. The sister was sent for. She is 2 years older than patient and presents almost the same condition of both corneæ but patches are larger and vision-fingers at 2 feet only. Dimness began 9 years previously. Both state that deceased brother and sister suffered in exactly the same way and there is no reason to doubt them. In all four cases the disease did not begin until after the age of 20.

Here there is a family of four. All affected in the same way. A very careful history was taken by my assistant Dr. DaCosta, and I think we can safely exclude both syphilis and tubercle. Tubercle is stated to be a cause by some writers, but both patients looked the picture of health and their parents have attained an age rarely seen in this country.

Guttate or Nodular Keratitis was first described by Groenoeuw, who found hyaline deposits. Another observer found sodium urate. Captain Whitmore, I.M.S., to whom I am indebted for examining scrapings, did not find urate of sodium, nor did he get any growth on blood serum.

It would appear to be due to some general agent as both eyes are always affected and it is a "family disease."

In neither case was Bowman's membrane raised over the patches and a clear periphery remains. There are no nebulæ and the deposits are in the anterior layers of the substantia propria.

From recorded cases it would seem that the disease is hereditary, but the parents have reached a ripe old age (Burmese, unlike natives of India, always know their ages) and are free from the disease. Ætiology is unknown.

Treatment.—I tried subconjunctival injections of saline without benefit; also cyanide of mercury. Hot fomentations apparently only increased the photophobia. No treatment was of any avail.

Since writing the above another case has come under my treatment and is a Madrassai ayah with no history of dimness of vision in her family. I am not aware of cases of this sort having been recorded in the East, where they must be uncommon. Those cases were shown before the local branch of the British Medical Association and no member had ever seen one.