BOOK NOTICE


That this book has reached its fifth edition, and incidentally its second war-time edition, is a tribute to its popularity with students and general practitioners to whom it is particularly addressed. The authors describe lucidly common disorders of the eye and the illustrations of these are admirable.

Several alterations and additions have been made in the fifth edition. Colonel Harold Williamson, I.M.S. has re-written inflammations of the conjunctiva, including an account of recent work on trachoma and sulphonamide therapy in certain forms of conjunctivitis. Sulphonamide therapy has also received particular attention in the chapter, on therapeutics. Penicillin, moulds and bacterial extracts have also been commented on.

Brief descriptions of the following operations have been added:—trans-conjunctival partial myomectomy of the inferior oblique muscle; iridencleisis; the skin-strap operation for ptosis; and Wynne Parry's operation for iridodalysis.

In the chapter dealing with therapeutics there is a useful list of prescriptions for the local treatment of the eye, and these include a lotion containing zinc sulphate which is painless and isotonic with the lacrimal secretion. There is an appendix of the requirements of candidates for admission into the public services, and also a glossary of technical terms. The book is well produced.

CORRESPONDENCE

MUSTARD GAS KERATITIS

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—Some of your readers may have read the appendix I wrote to the English translation of Henri Sjögren's "A New Conception of Kerato-conjunctivitis Sicca." In this appendix I give a résumé of the latest surgical treatment of this disease and since then, by following up my patients I have been able to confirm the efficiency of this treatment.
Sjögren’s disease is one almost exclusively feminine in its affinity, but in males with recurrent corneal ulceration I have found also a definite increase in lacrimal secretion as exhibited by Schirmer’s test.

Recently I have seen a senior army officer with a definite history of mustard gas in his eyes during the last war. He still has recurrent corneal ulceration, and a very definitely pathological Schirmer’s test.

The point of my letter is this—are the cases of delayed recurrent corneal ulceration following mustard gassing due to deficient lacrimal secretion? Is this deficiency produced by essential shrinking of the conjunctiva and lacrimal gland following the mustard gas burn? If my hypothesis is true and I have no opportunity at the moment of proving it further, then the obvious treatment of recurrent mustard gas keratitis is similar to the treatment of Sjögren’s diseases in the female.

I would conclude by asking any of your readers that have a case of recurrent mustard gas keratitis to take its Schirmer’s test in both eyes on two separate days and let me know their findings. I would be grateful if these could be accompanied by relevant brief details of the case so that I may correlate all the data supplied.

The day when gas may be used again is imminent, and I feel that the moment is opportune to correlate our findings on this point. I therefore look forward to notes by airgraph (if possible) from every colleague in the British Empire who has a case of recurrent mustard gas keratitis in his care. They will be appreciated and duly acknowledged.

Yours faithfully;

J. Bruce Hamilton.

174, Macquarie Street,
Hobart, Tasmania.
June 7, 1944.

OBITUARY

SIR WILLIAM LISTER, K.C.M.G., K.C.V.O.

It is with profound regret that we record the death of Sir William Tindall Lister on July 7, 1944. Born in 1868 he was the youngest son of the late Arthur Lister, F.R.S.; Lord Lister was his uncle and Joseph Jackson Lister, F.R.S., his grandfather.

He was of Trinity College, Cambridge, and graduated B.A. in the Natural Sciences Tripos in 1889. In London he joined the Medical School of University College Hospital and took the M.B., B.Ch.