own previously published cases. After a careful analysis of all apparent exceptions, he expresses the opinion, "that there exist in the literature some cases of the Argyll Robertson sign which seem independent of all syphilis, latent or patent. These cases are, however, so exceptional that, in practice, the recognition of this symptom signifies nerve syphilis, and should in the immense majority of cases, direct the treatment."

E. E. H.

---

Transactions of the American Ophthalmological Society.

This well-illustrated volume of 450 pages contains much interesting matter. From it we learn for the first time of the deaths of Samuel Doty Riseley, of Philadelphia, and of Robert Lee Randolph, of Baltimore. The Minutes of Proceedings include reports on standardisation of the illumination of test cards and perimeters, and of an International Congress of Ophthalmology. It was resolved that the name of any member absent without valid excuse for three consecutive years, or who shall have failed to contribute to the scientific proceedings of the Society by proffer of a paper or by participation in its discussions shall be expunged from its list of members. Certain exceptions are made; these include honorary members or members of twenty years’ standing, or those then serving in the army or navy. A further exception is made in the case of any member living more than one thousand miles from the place of meeting.

Those scientific communications contained in the Transactions likely to interest our readers will be published in abstract form at a later date in the columns of this Journal.

S. S.


This slim volume of 77 pages represents the Proceedings of the Annual Meeting of the Society, held on March 5, 1920, in the Pathological Museum of Kasr el Ainy Medical School, when sixty members were present. The volume contains sixteen communications, of which four have been already published in Transactions
of the Ophthalmological Society of the United Kingdom, Vol. XL. It is an excellent thing to include a list of abbreviations to be used by members in their communications to the Society, and such is given. It would have been more dignified if some reference had been made to the fact that they were transferred from one of the earlier volumes of the Transactions of the Ophthalmological Society (Vol. IV). The Bulletin of the Ophthalmological Society of Egypt was once notorious for the number of misprints it contained, it now stands out as one of the best edited.

S. S.


This book is the result of the observations of a man of long experience, wide outlook, independent judgment, and remarkable clinical acuity. As such, it is a very valuable addition to the literature of the subject.

The first chapter deals with etymology and history. The study of glaucoma is that of the lesions dependent on high tension, and of the consequences that arise therefrom. The two basic problems lie in the recognition and in the relief of high tension. A plea is entered for the more generous recognition of Pierre Demours and other French writers to whom Morax holds too little credit has been given.

Chapter II deals with ocular tension and with the methods of testing it. Digital examination is a rough and ready method with a limited clinical usefulness, and is quite unsuited for the detection of the feeble and early rises of tension, whose recognition is so very important. Manometric tonometry is discussed, and a warm tribute is paid to the work of Schiötz, of whose instrument it is said that its “use has spread to such a point as to make the tonometer as indispensable as the ophthalmoscope or the trial case.” The standardization of tonometers appears to Morax to be an important work, which still remains to be carried out. He holds that the elasticity or rigidity of the cornea is a negligible factor, the real resistance of the tunic of the eye to depression being dependent on the pressure of the intraocular fluids. The chapter closes with an earnest warning against the failure to make full use of an instrument which enables us to diagnose hypertension at an early stage, and so to add greatly to the efficiency with which we treat our patients.

Visual troubles.—(1) Modification of distant vision. (2) Troubles with near vision. (3) Subjective visual troubles. (4) Coloured rings round lights. Morax discusses each in turn, and his remarks on the true and false haloes of glaucoma are of especial interest.
Morax discusses the nature of the anterior ciliary vessels which dip through the sclera, and which are so constantly found dilated in subacute glaucoma.

Shallowing of the anterior chamber is an important sign in acute and subacute glaucoma, but outside this, has no diagnostic significance, save in the cases of secondary glaucoma in which the iris is involved.

Dilatation of the pupil, especially when unilateral, is a sign whose significance, especially with regard to syphilis and glaucoma, should never be lost on the practitioner. There are certain possibilities of error of which we must beware. Morax discusses these at length.

Morax mentions the views of those who would ascribe the symptoms of glaucoma to a lesion of the ophthalmic ganglion, but the reviewer is glad to notice that he lends neither support nor approval to such a fantastic idea.

Ophthamoscopic examination.—Morax enters an earnest word of warning against the use of atropin in any adult or old eye without a previous estimation of the tension of the globe. He has seen the reputations of some of his young colleagues gravely compromised by disregard of this rule; nor is such an experience confined to the other side of the Channel. It is curious that, though many medical men seem lacking in knowledge of this danger, the glaucomatous public know of it well, and do not hesitate to act upon their knowledge when a mistake is made. Morax does not believe mydriasis justifiable even when lens opacities are present, and thinks that the diagnosis should be made from the remaining features of the case. In the reviewer’s experience, cocaine, and better still euphthalmin, will produce sufficient mydriasis for all practical purposes in any doubtful case, and their action can be rapidly and safely neutralised by eserin.

Arterial and retinal venous pulsations are next discussed with special reference to Bailliart’s and Magitot’s work.

Cupping of the optic disc.—The depth of the cup varies from 0.3 to 1.6 mm. There are some admirable illustrations of glaucoma cups. Although the point is not alluded to in the text, every one of these shows the pushing over of the vessels to the nasal side, which the reviewer regards as characteristic of advanced glaucoma. Morax feels strongly that too much weight should not be attached to an ophthalmoscopic examination alone in cases of suspected glaucoma. After discussing Schnabel’s views, he states his belief that lacunar formation is a process of disintegration occurring in nervous tissue, which has been deprived of its proper blood supply; the reviewer notes with pleasure his conclusion that we cannot admit that in this lacunar degeneration we have the initial lesion of glaucoma. Such a view has always seemed to be untenable and inconsistent with a broad view of the known facts of the disease.
The retinal sensibility.—This subject is discussed with especial reference to the great diversity of changes met with not only in different cases, but also in the two eyes of a single case.

Chapter VI deals with acute glaucoma. He excludes recognizable cases of secondary glaucoma, but points out that the distinction between the primary and secondary conditions is convenient rather than scientific. Equally artificial are the distinctions between acute, subacute and chronic congestive glaucoma. When one eye has been attacked by primary glaucoma, the other is almost sure to follow suit sooner or later. A case of glaucoma abandoned to itself, and sometimes even under the best therapeutic régime, will go steadily downhill. Attacks of hypertension, once they make their appearance, have a strong tendency to recur, and sooner or later, the rise in pressure becomes permanent. We have to do, not with an affection which shows itself in episodes, but with one which moves steadily towards blindness, and that of both eyes. Morax publishes some very interesting statistics of his cases of acute glaucoma. Two factors strike him in connection with acute glaucoma (1) the frequency of comparatively high grades of manifest hyperopia (from 3 to 6 D. or more) and (2) The influence of heredity.

The operation of iridectomy will in a certain number of cases restore the eye to apparent normality, but this is far from being the rule. Much depends on the care exercised by the patients to avoid conditions which may excite the attack of hypertension, and on the systematic use of miotics. In those cases, in which the discontinuance of artificial miosis leads to signs of recurrent tension, we may anticipate that, sooner or later, drug treatment will fail us. It is erroneous to suppose that this is due to the drug having lost its effect by reason of its long continuance, for it contracts the pupil, just as it did before, but that does not suffice to lower the tension to a normal level.

After operation, and in the absence of all injury to the lens, opacities may develop in that structure. Their causation is still obscure, but the possibility that we have in some cases to do with an accidental coincidence of the two conditions must be borne in mind.

Chapter XI and XII deal with secondary glaucoma. It is not always easy to assign a case to one of the two categories, primary or secondary. In the treatment of certain diseases, it is important (1) to remember the possibility of the occurrence of this complication, (2) not to miss it when it commences, (3) not to favour it by incorrect treatment, and (4) always to anticipate its onset by the use of suitable therapeutic measures.

Secondary glaucoma may result from lesions of the anterior segment of the globe, or from those of the posterior segment. In the latter case, the condition is far more serious than in the former.
Both are discussed at some length and to the great profit of the reader.

Chapter XIII deals with the diagnosis and prognosis of glaucoma. The diagnosis of glaucoma may sometimes be a very difficult matter, especially if the surgeon is not content with diagnosing an increase of tension and seeks to find out the ultimate cause of the trouble. Methodical, systematic and thorough examination of each case is called for. Morax insists on the important fact that many patients in the intervals between their glaucomatous attacks, present a normal or even a subnormal tension, whilst others show a slight hypertension. He believes that a preventive iridectomy will often enable a patient to escape from an acute attack of glaucoma, which would otherwise sooner or later supervene.

Chapter XIV deals with the treatment of glaucoma. This chapter contains a mass of most interesting and practical information which deserves not merely to be read, but to be carefully abstracted and committed to memory.

For acute glaucoma, and for the cases of secondary glaucoma, in which miotics are contra-indicated, Morax operates at once. To every other case he gives a trial with medical treatment, and takes account of the results of that treatment, and of whether reliance can be placed on the patient to carry it out. Patients who are going to take long journeys should be operated on without hesitation.

When, in spite of every care, the ocular tension remains up; we must resort to surgical means.

Operative interference. — Morax considers iridectomy the operation of choice in acute glaucoma, whilst in the other forms sclerecto-iridectomy alone yields lasting results. In operating for acute glaucoma it is sometimes necessary to use a general anaesthetic, but in a great number of cases local anaesthesia will suffice; novocain-adrenalin is injected for the purpose under the conjunctiva and around and behind the eye. The iridectomy must be large and peripheral.

Morax rightly gives to Lagrange the credit for having given a practical form to the basic idea of sclerectomy, but he would modify the technique of that worker by employing the conjunctival flap devised by Elliot. After trying many methods, Morax finds that “it is to the technique of Elliot and to that of Holth that it is most usually convenient to resort, always provided that the special instruments required can be obtained sharp.” He gives in some detail his view on the technique to be employed in performing the operations of the three workers above named. Some of his drawings for the illustrations of these procedures are excellent. Chapter XV deals with the therapeutic treatment peculiar to certain forms of glaucoma, such as buphthalmos, secondary and traumatic glaucoma,
absolute glaucoma, etc., whilst Chapter XVI reviews the aetiology of the disease, and brings to a close a book which the reviewer feels that he has dealt with most inadequately, mainly owing to considerations of space. He would advise anyone whose interest has been aroused to obtain Dr. Morax’s book, and to study it long and carefully.

R. H. ELLIOT.

NOTES

MR. J. B. LAWFORD has been offered the honorary LL.D. of McGill University, and is going to Canada this autumn to receive it. We may say that he is an alumnus of that University.

"Yacht Cruising" by Claud Worth, should not pass unnoticed in these columns. It affords one more illustration of the versatility of some eye-surgeons. It is an expert treatise on cruising from experience gained during the brief holidays of a busy professional career.

The American Academy of Ophthalmology and Oto-Laryngology will hold its twenty-sixth annual meeting on October 17, 18, and 19 next, in Philadelphia. Professor J. van der Hoeve, of Leyden, Holland, who was so welcome at the Oxford Congress last year, has accepted an invitation to be the guest of honour of the Academy.

Mr. H. C. MOONEY has been appointed Surgeon-Oculist to the Household of His Excellency the Lord Lieutenant of Ireland.

Dr. J. HAMILTON McILROY has been appointed Lecturer on Diseases of the Eye at the Lady Hardinge College, Delhi.