the Congress, it has become necessary to change the date of meeting from April 18-21, 1922, as previously announced to April 25-28, inclusive, 1922.

Very truly yours,

LUTHER C. PETER,
Secretary.

March 1, 1921.

BOOK NOTICES


The present series of articles by Gallemaerts and Kleefeld deals in detail with the results found on the examination of the various eye tissues by the methods therein described. The whole forms a very interesting contribution to the study of changes in the living tissues, difficulties arising in two directions—first, data for comparison collected by other observers are scanty, and, secondly, the method of reproduction of the appearances presented suffers from the want of precision, some of the drawings that are reproduced not being very convincing. Separate chapters are devoted to cornea, conjunctiva, sclerotic, anterior chamber and iris angle, iris, lens, and vitreous, while the figures cover diverse conditions, congenital and acquired, the examinations showing that relics of the pupillary membrane and fine opacities of lens are much more common than ordinary routine examinations have hitherto shown.

Oedema of cornea and striate keratitis give interesting findings, while the directing of a pencil of rays on an oedematous cornea frequently causes this opacity to clear up, and so permit of a crisp view of iris beyond, suggesting that the opacity is due to imbibition. Special alterations of the method of illumination are needed to show up the features of the corneal vessels, these having to be distinguished with difficulty from the termination of the scleral lamellae, the radial lymphatic vessels and the limbal bloodvessels, and, to a less extent, from the nerve filaments. Special features belong to superficial, middle, and to deep vascularisation of the cornea in disease, the middle variety being that seen in interstitial keratitis, while the deep is found in injury cases to herald the approach of atrophy of the globe. Details are given of the various deposits met with on the back of the cornea, the cellular, including the white cells seen preceding iritis, red blood cells after contusions, in luetic
iritis, and tubercular iritis, and in traumatic iridocyclitis, and reddish-brown pigment having a rough appearance; the non-cellular, including haematoidin and cholesterol crystals and various deposits derived from fibrin; details of these appearances in relation to the different diseases are given. These various deposits occur together in different proportions, and their abundance is not in direct relation to the gravity of the disease. The peculiarly confusing appearances produced in the middle and deeper layers of the cornea after cocain drops, and those seen after holocain has been used for tonometry are described.

Corneal ulcers are said to present no features worthy of attention, but in these cases the nerves of the cornea are found to be very visible.

Epithelial dystrophy is found much more frequently since the use of these higher magnifications and usually precedes a lymphatic keratitis, while it also precedes an eczema of lids and later of face.

In herpes of the cornea, whether febrile or zoster, the high power appearances are the same. Three stages can be noted: the first or "invasion" stage—this is not a superficial affection of cornea, but a mesodermic one with consecutive lesions of epithelium and endothelium, the most important and most constant lesions being extreme congestion of iris and corneal oedema. The very earliest stage of invasion is not seen because it is only when the epithelium sheds, that pain directs the patient to the surgeon. In the early stages, the corneal surface presents generally bullae of various sizes, more or less polygonal, quite large, and usually elongated with the axes of the bullae not corresponding to any corneal radius, and so not to the course of any nerve filaments. These bullae are surrounded by a zone of oedema, extraordinarily intense, which appears to consist of a continuous series of very small greyish, almost white, points. The demarcation between this grey zone and the corneal tissues around is not clearly defined, but the grey zone shows tongue-like projections radiating to the healthy tissue. The zone where the demarcation occurs is quite typical. The floor of the ulceration is very slightly beneath the corneal surface and there one sees a very fine amorphous exudate, through which the corneal tissue seems greyish and peppered over with fairly regularly disposed discrete points, which appear darker than the surrounding tissue, a sort of fine craters limited to this desquamated zone. The epithelium, curled up like a roll of parchment, does not seem to have suffered any change, but the border of the ulcers has a series of rectilinear segments. At this period the endothelium is already markedly altered—the most beautiful pictures of false striaion of posterior surface of cornea, large cracks, veritable fissures, being seen to traverse this area in all directions. The direction, situation, and number are quite independent of the epithelial lesions. The
BOOK NOTICES

processes seen in both epithelium and endothelium are of a trophic order, their death and desquamation allowing imbibition of the corneal lamellae.

The second stage, that of establishment of the disease, shows itself by a fresh crop of bullae, then ulceration, whilst the striaion and corneal oedema increase. The epithelium grows over the older ulcerations, but the infiltrated zones persist. One gets the impression of an extremely violent process, which ends in the loss of the cornea.

The iris is more and more congested, the typical deep vessels invading the marginal zones of cornea at the same time as the superficial vascular loops push forward in all directions.

The third or reparation stage. Suddenly the oedema of cornea disappears and with it the striaion of striate keratitis. The cornea is quite transparent in the non-ulcerated zone. Little by little the epithelium grows over the ulceration, which finally disappears, leaving the typical nebula.

This detailed description, as given, of herpes of the cornea will serve as a sample of a paper which would need to be read in the original and studied with the figures supplied.

Gallemaerts and Kleefeld have discovered a new condition which they have called waxy degeneration of cornea. In their one case the appearances at first suggested a mycelium, but the high power view disposed of this idea. Opposite the palpebral fissure, about the middle of the cornea, was a whitish zone, amorphous and translucent, delininated by an epithelium rolled up like parchment, a zone which was less sensitive than the rest of the cornea and readily yielded to scraping, so far not recurring.

In siderosis bulbi the cornea shows a characteristic appearance, the visibility of the arachnoid corpuscles all over the cornea being markedly increased, these being coloured light yellow-brown, whilst the intervening substance remains normal.

In keratoconus the posterior surface of cornea shewed folds of Descemet's membrane, sometimes radial, sometimes concentric, the corneal nerves here again being very conspicuous.

The authors think it possible that with further development of intra vitam staining, this high power examination of the living eye may yield hitherto undreamt of results, and they consider that, even as it stands, the method they describe places our speciality in the vanguard of medical science.

W. C. SOUTER.


This handsome volume of six hundred and twenty-six pages comprises the proceedings of the Ophthalmological Society of the
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United Kingdom during its fortieth session, April-May, 1920. It contains, in addition, some of the papers read before the affiliated societies, namely, Midland Ophthalmological Society, North of England Ophthalmological Society, Oxford Ophthalmological Congress, Irish Ophthalmological Society, and Ophthalmological Society of Egypt. One affiliated body, The Scottish Ophthalmic Club, makes no contribution. It includes, as usual, many valuable contributions to ophthalmology. Its publication has been delayed by the preparation of the decennial index, 1911-1920. This most useful feature is incorporated in the present volume. Volume XL has no coloured illustrations, such an attraction in former volumes.

S. S.

NOTES

Readers of the Journal will be interested to learn, that of the fifteen names recommended by the Council of the Royal Society for election to the Fellowship, one is that of Mr. J. Herbert Parsons, C.B.E.

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The following office bearers have been elected for the ensuing year: President, Dr. Gordon McLeod; Vice-President, Dr. Guy Antill Pockley; Honorary Treasurer, Dr. J. F. Halliday; Honorary Secretary, Dr. J. J. Kelly; Members of Council, Dr. R. H. Jones and Dr. E. A. D'Oombrain.

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A special course of lectures and demonstrations in neurological ophthalmology will be given at the National Hospital for Paralysed and Epileptic, commencing in May, if a sufficient number of entries are received. The course will be suitable for candidates for the Diploma of Ophthalmic Medicine and Surgery. To candidates taking the full post-graduate course an additional fee of £2 2s. will be charged. For those taking the ophthalmic lectures and demonstrations alone the fee will be £3 3s. For further particulars apply to the Dean of the Medical School, National Hospital, Queen Square.