

over other fixatives for ensuring good cellular fixation in all the tissues of the eyeball.

The usual anatomical classification of the various parts of the eye is adopted, a separate chapter being devoted to each structure, including the eyelids and the lacrymal apparatus. Each chapter opens with a section on the normal histology of the part, congenital malformations are next described, and finally the various diseased conditions are dealt with under their separate headings.

Apart from mentioning a few clinical facts the author confines himself almost entirely to morbid anatomy. Sometimes he refers briefly to certain theories which have been advanced to account for morbid conditions; for example, in the section on detachment of the retina, but for the most part he ignores theory altogether, as when describing primary glaucoma and sympathetic ophthalmitis. Bacteriology is briefly touched upon in appropriate places.

The book deals fully with the morbid anatomy of the eye, with brevity and clearness. To advanced students it should be invaluable as a text book, even to those whose knowledge of the French language is rudimentary, because of the quality of its illustrations.

There is a well-arranged bibliography divided into sections which correspond with the titles and sub-headings of the chapters. It would, however, be much more useful if it were more up to date.

CORRESPONDENCE

HOLTH'S IRIDENCELEISIS

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—Will you allow me to correct a serious error in the opening paragraph of Professor Holth's article in your December issue (p. 544). He writes:—" . . . especially after sclero-corneal trephining, where, according to American operators, late infection occurs in about 7 per cent. of the cases." The reference is to Fuchs' Text-book of Ophthalmology, 6th American edition by Duane, 1919, p. 512.

Duane makes it absolutely clear that he is speaking of sclerectomy as a whole, and not of any single operation, and what he actually says gives an entirely different meaning from that conveyed in the above words.

After discussing the filtering scar of sclerectomy, he writes:—" It must be admitted, however, that such a cicatrix is more liable to the danger of late infection than is a solid cicatrix.

(Sclerectomy, more particularly in the form of Elliot's trephining operation, has largely superseded iridectomy in cases of simple and also often in cases of chronic congestive glaucoma. Recently there has been a tendency to return to iridectomy even in these conditions—this partly because of the danger of late infection, referred to above, *which, according to some, occurs in some 7 per cent. of the cases.*)”

The italics are my own. I do not think I need comment further on the matter.

Yours truly,

R. H. ELLIOT, LIEUT.-COL. I.M.S. (Ret.)

January 29, 1922.

COLLOSOL ARGENTUM (FOR THE MEDICAL
PROFESSION ONLY).

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—As we get older, the healthy scepticism of youth passes through the more tolerant atmosphere of middle age into the indifference of the aged; even so, I think that few ophthalmic surgeons will subscribe to the opinions expressed on page 19 of the small brochure which has been recently sown broadcast (by the proprietors of collosol argentum) through the profession.

With the main portion of the contents of this pamphlet ophthalmic surgeons are not concerned, but in that part of it devoted to collosol argentum in ophthalmic surgery, the following statement occurs, to which most of us would take exception.

“ In reference to purulent ophthalmia in infants he (Dr. Legge Rowe, of Hull) states that if collosol argentum drops were employed impaired vision or blindness from this cause would cease and, *the drops being harmless to the conjunctiva, the treatment of the case may be safely left to the friends.*” Referring to Dr. Legge Rowe's original paper (B.M.J., 1915, Vol. I, 104), I find as follows. “ In purulent ophthalmia of infants the same treatment is used, and I am certain that if this treatment was adopted in every case early, there would be no such thing as impaired vision or blindness from this cause. Many cases are treated in the out-patient department of the dispensary, and the drops being absolutely harmless may be safely trusted to the friends. The child is brought up once daily for the silver nitrate drops, and the eyes are washed out every hour at home, and the collosol drops put in.”

This is a very different matter from leaving the treatment of the case in the hands of the friends.



HOLTH'S IRIDENCELEISIS

R. H. Elliot

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