satisfactorily as ionization. The author has had a special eye bath made. It is of glass, and has two apertures in the bottom, for the admission and exit respectively of the fluid to be used. This is salicylate of lithium, chemically pure, of 1 per cent. strength. In the side of the bath is a carbon *plaque* attached to a terminal. The current used is, in the case of a salicylic ion, 1 or 2 milliampères, and in the case of the lithium ion, $\frac{1}{2}$ milliampère. The time of application seems, for the cases recorded, to be 5 or 6 minutes for the salicylic ion and 3 minutes for the lithium ion. To obtain the action of the salicylic ion, the negative pole is at the eye-bath; to obtain the lithium ion the positive is in this position. As a matter of practice, the author seems to have employed the salicylic ion for about 6 minutes, and then to have reversed the current, so as to get the lithium ion, for 3 minutes. A number of cases are reported, and although one or two of them were rather rebellious and took some time, the majority seem undoubtedly to have been first relieved of pain and then cured in a few days, after one or two *séances*. Certainly, from one's ordinary experiences of episcleritis, one would say that the author's results are very good indeed. He makes no pretence, it must be said, to have used no other treatment; but, even allowing for the use of constitutional and local treatment of the ordinary kind, the rapidity of the appearance of good effects is distinctly striking.

ERNEST THOMSON.

BOOK NOTICE.

The American Encyclopædia and Dictionary of Ophthalmology.

Edited by Casey A. Wood, M.D., C.M., D.C.L., assisted by a large staff of collaborators. Volume IX.—Institutions for the Blind to Limotes. Chicago: Cleveland Press. 1916.

The ninth volume of the *American Encyclopædia and Dictionary of Ophthalmology* commences with the second portion of the work on Institutions for the Blind; that, namely, which deals with American Institutions. It finishes, except for a few dictionary definitions, with an account of the "Legal Relations of Ophthalmology," which runs to some 150 pages. This work is by T. H. Shastid and is the gem of the volume. Within the reasonable compass of an article, a more scholarly and complete exposition of the subject can hardly be imagined. Here and there flashes of humour illuminate a rather sordid tract of country and help to relieve the gloom with which most of us regard it. Indeed, when it is considered that by the time all the volumes of the *Encyclopædia* have appeared in print, this writer must have contributed a number of biographies, at a rough guess, running into three figures, one is

lost in admiration of the versatility which enables one man to write equally well on such different lines of thought. That a certain portion of Shastid's articles may have appeared before does not lessen that admiration.

After an introduction, which deals with Court Systems and Basic Legal Principles in America, England, France, Germany, and Italy, ophthalmic expert testimony is considered, and, so far as legal aspects are concerned, each of these countries is separately reviewed. Under medical and surgical considerations are to be found, among much else, most sensible views upon simulation and dissimulation, false attribution, and exaggeration. Visual economics is scientifically treated, a full explanation being given of Magnus and Würdemann's formula for estimating the earning ability. This formula is :

$$E = C \text{ (max.) } \sqrt[4]{P} \sqrt[4]{M} \sqrt{\frac{C_1 + C_2}{2} \sqrt[4]{P} \sqrt[4]{M}}.$$

Of this formula the author, in one of his humorous touches aforementioned, says: "Now, while this formula, at first sight, appears a little complicated, it is really rather simple." We may leave it at that, trusting that the student will find it so.

The third main heading is Ophthalmic-sanitary Legislation in the five countries named. Under this comes the medical inspection of school children. Here one may be pardoned for pointing out that the author is hardly up to date when he says that in England (? surely he means Britain), "No arrangement has ever been made for treating." The statement is positive and sweeping, but it happens not to be true at the present date, although doubtless it was accurate enough some, shall we say, five years ago !

Lastly comes a most interesting, and at times entertaining, chapter on Malpractice. A few of the good things may be quoted. Says the author: "Surgery means snags, and he that does much surgery will sooner or later discover himself entangled in snags of a legal kind." Again: "It will have been observed in nearly all the cases just related, that the real, the fundamental, the underlying cause of the suit . . . was (either by intent or otherwise) another doctor. This fact should give us pause." And in the same connection: "The defendant in nearly every instance, was an unusually competent man." Almost the last words of Shastid's article are these: "An excellent ophthalmic surgeon of my acquaintance has been sued, or threatened with suit, no less than seventeen times. And, though no judgment was ever rendered against him, the worry has hurt him and aged him vastly more than all his work. Moreover, in nearly every instance, the cause of his trouble was either the malice or the thoughtlessness of a fellow practitioner. . . . All

this sad state of affairs with regard to medical and surgical mal-practice could easily be different. In the first place, the French standard of responsibility should be adopted everywhere. The physician should be held accountable only for violations of clearly established principles—in a word, for gross negligence or gross lack of skill. Furthermore, expert evidence, in all these cases, should be really expert.” With the views here expressed no medical man is likely to disagree.

Space does not permit of detailed notice of the other articles in this volume of the *Encyclopædia*. One has only to mention such subjects as “Iris” and “Iridectomy,” “Keratitis” and “Krönlein Operation,” “Laboratory Technique” and “Lacrymal Apparatus,” to show the importance of the volume. The biographical notices include those on Hughlings Jackson, Javal, and Knapp.

ERNEST THOMSON.

NOTES.

Deaths.

WITH regard to the death of Wilbur B. Marple, which occurred suddenly at Kennebunkport, Maine, on September 30th, 1916, his surgical colleagues of the New York Eye and Ear Infirmary have placed upon record the following resolution:

“Dr. Marple had been connected with the Infirmary for 25 years, first as Assistant-Surgeon and from 1901 to the time of his death, as Attending-Surgeon. He was also for a number of years one of the representatives of the Board of Surgeons on the Board of Directors.

“The death of Dr. Marple has removed from among us a distinguished ophthalmologist, admired colleague, wise councillor, and honoured friend. His loss is greatly deplored by all of us. The Board of Surgeons desire to express their appreciation of his high professional attainments, and extend to his bereaved family their profound sympathy.”

(Signed) “JOHN E. WEEKS, M.D.
EDWARD B. DEUCH, M.D.
W. E. LAMBERT, M.D.”

The death has occurred of Dr. A. Fraenkel, the discoverer of the pneumococcus of pneumonia, at the age of 68 years.

The death is announced of Miguel Santa Cruz, director of the National Ophthalmic Institute in Madrid.