Operative Treatment of Glaucoma. By H. HERBERT, F.R.C.S.
London: Baillière, Tindall & Cox. Price 10s. 6d. 1923.

Described by its author as a *résumé* of papers already published, worked into a revised and connected whole, this book would have proved more useful if the revision had been more complete and the connection more obvious. This is not to deny the obvious advantages which must result in elucidating a subject which has received much helpful consideration by the author by publishing the results of his labours in a single volume. We have always been of opinion that Herbert's small flap sclerotomy was an operation which has a valuable place in the treatment of glaucoma. We are glad to know that many surgeons, in this country at least, still employ it in suitable cases, and it was long before the reviewer replaced it in general use, by the trephining operation—there is still a place for Herbert's operation, and we believe that it would have held its own better if its originator had been more precise in his description of its best method of performance, and more consistent in his advocacy of it in its final form. In the present volume Herbert is claiming the advantages of his iris inclusion methods; but when it is necessary to refer to three different chapters in order to glean all his observations upon any particular operation, it seems likely that few will be convinced of the advantages of a method which ophthalmic surgeons will approach with some hesitancy and diffidence. This is not to deny that Herbert may have produced results by his iris inclusion operation which would confound his critics. Had the book been arranged in better sequence, and the operations advocated been more clearly described, with a clearer indication of the author's views as to when any one of them should be selected, it would, in our opinion, have been of more general service. Admittedly, while the whole subject of the operative treatment of glaucoma is in a state of flux, we may be asking for more than the author, pioneer as he is, may be prepared to give us. As a guide for those still searching for the ideal glaucoma operation the book is particularly welcome, and cannot fail to be of service.

CORRESPONDENCE

BUTYN VERSUS COCAIN

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—The appointment by the Home Office and Ministry of Health of a Committee of Investigation regarding substitutes for cocaine will receive the whole-hearted support of the profession.

Cocain, as a local anaesthetic, has not many faults, either when used in general surgery or in some special branch thereof, but occasionally there are disagreeable symptoms when used by the infiltration method. If the use of cocain could be confined to legitimate surgical purposes within the limits of its anaesthetic capacity no one would wish to find a substitute. But it cannot be so confined. Cocain is rampant in the land and the strictest supervision has failed to control it. The public conscience is strongly roused, and there is an outcry for the international suppression of the illicit use of a drug which is sapping the moral and physical well-being of the world.

We must accept things as they are and find a means of stopping the plague altogether. But a root-and-branch policy cannot be made effective until an equally good substitute, which is absolutely innocuous, is available. Of those which have been long in use, novocain, stovain, alypin, and others, not one has been able to compete with cocain for general use. Each has its merits in specific cases, but their action is limited and they can never challenge the supremacy of cocain. In ophthalmology, for instance, none can satisfactorily replace cocain in operations for cataract and glaucoma. In laryngology there is also a similar limitation.

During the last year the new substitute—*butyn*—has arisen and challenges cocain in all the spheres dominated by that drug.

As yet it has not been subjected to the fiery furnace of criticism. Its claims are great, and if it can substantiate them it should go far to shake the foundations of cocain.

But thorough and prolonged clinical experience alone can decide what the final result will be. At present its value in dentistry seems to be undoubted. In ophthalmology it is quite satisfactory for all operative work which has previously been carried out under cocain anaesthesia. In America, *butyn* has been extensively used with very satisfactory results. In India it is reported to be quite satisfactory for cataract operations by Major Dickson.* But more experience not only by ophthalmic surgeons but also by laryngologists is urgently required.

Yours faithfully,

BATH.

W. M. BEAUMONT.

MINERS' NYSTAGMUS

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—Under the heading *The Aetiology of Miners' Nystagmus* in the July number, I see a reference to my two communications to the *British Medical Journal* (May 5, June 9).

*BRITISH JOURNAL OF OPHTHALMOLOGY, p. 575, 1922.