CORRESPONDENCE.

The Editor THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—Mr. Zorab has called my attention to a regrettable error in the last English edition of Fuchs's "Ophthalmology." On page 986 are the words: "This operation, originally performed by Zorab, and revived by Wood, is designed mainly for employment in absolute glaucoma."

This gives the impression that the operation of seton drainage or aqueoplasty, devised by Mr. Zorab, had fallen into desuetude. This is not the case. Mr. Zorab has performed it systematically ever since he first suggested it, and that, too, not only for absolute glaucoma, but for glaucoma in all stages.

I shall be glad if, in justice to Mr. Zorab, you will make this correction.

Sincerely yours,
ALEXANDER DUANE.

139 EAST 37th STREET
NEW YORK.
AUGUST 18, 1917.

BOOK NOTICES


This book comprises in handy and useful form almost everything that can be said in regard to congenital word-blindness up to the present date. The author was one of the first to draw attention to this important defect, and he more than any other has contributed to our knowledge of this subject. It is to be hoped that this book may be the means by which educationalists will gain a better knowledge of a subject to which their attention needs to be drawn, while it cannot fail to be attractive to neurologists and to ophthalmic surgeons.

The author recognizes the various degrees of congenital word-blindness which are met with clinically, and thinks that in the vast majority of cases the lesion resides in the left angular and supramarginal gyri, regarding it as a developmental defect of the cortex in this situation. While agreeing with him as to the seat of the disorder, we are not much convinced by the chief argument which he adduces in its favour, viz.: that right hemianopia is not present...
in the congenital, while it is almost universal in the acquired cases of word-blindness.

Hinshelwood recognizes, but does not emphasize as much as we could have wished, a differentiation of the congenital cases into hereditary and birth injury cases. He recognizes that a great preponderance of the cases occurs in boys, and states that there is no explanation of this inequality in the sex incidence.

We are of opinion that if the reported cases of congenital word-blindness had been more fully recorded, they could be differentiated into two classes: (a) those with a familial tendency; (b) those without a familial tendency; and it would probably be found that in class (a) sex inequality was by no means a marked feature, while it would be in class (b) that the preponderance in male subjects would be recognizable. The reviewer thinks that the bulk of the cases in class (b) are due to birth injury, and that owing to the larger size of the head in the male child at birth, the male subject is especially liable to birth injuries of the cerebral cortex. This has been proved in regard to birth palsies, and it probably only needs more careful investigation to prove the same point in regard to the cases of congenital word-blindness that would fall into class (b).

Hinshelwood has much that is useful to say as regards the methods of teaching these children to read. He deprecates the "look and say" method, and advocates the education of the vicarious right angular gyrus by the ordinary methods which are employed in teaching every normal child to read. It seems, however, that he has not paid very much attention to the "look and say" method, and that there is perhaps more to be said in its favour than he recognizes. It must be used on an intelligent plan and with diligence. Miss Mason's reading box method is probably the best available, and has been rapidly and entirely successful in several cases in which it has been used at the suggestion of the reviewer. Hinshelwood recognizes that instruction in learning to read produces rapid cerebral exhaustion, and that frequent intervals must be allowed in the lessons, which need personal supervision and perseverance, whatever method be employed. In cases of acquired word-blindness where the left angular gyrus is irrecoverably destroyed or its association fibres with primary visual centres are hopelessly cut off, patients can again teach themselves to read, and the presumption is that the right angular gyrus substitutes for its fellow.

We see no particular reason why there should be more rapid exhaustion of the right angular cortex than of the left by the processes necessary to its education. It is conceivable that in some of the birth injury cases of congenital word-blindness, the left angular gyrus, though impaired, is not incapable of being educated
in the visual memory of letters and words if sufficient time and care are given to the process; such a wounded, but not killed, area of grey matter would presumably be more liable to exhaustion than healthy cortical material.

J. Herbert Fisher.


This invaluable work of reference on ophthalmology has again made its appearance, and, as the preface tells us, does not differ much in size, or in the nature of its contents, from several of its predecessors. Since Nagel's Jahresbericht and the Revue générale d'Ophthalmologie have ceased publication, this is the only work that attempts to sum up the ophthalmic literature of 1916. It is stated that a movement for the union of American ophthalmic publications, similar to that which has recently taken place in this country and in Italy, is now well advanced, and that the American Year Book will take part in this, so that the present volume probably completes a series. But there is every reason to believe that the new form will give its readers something still more serviceable than the Year Book has been in the past. If this promise is kept, we should have a work of such value that we should hope to see a rather more extensive list of English ophthalmologists on the subscription page.

There are not so many illustrations as in some previous numbers, but an excellent coloured plate of two stages of tuberculosis of retinal vessels forms the frontispiece.

It is hardly possible to review a book which is itself a collection of reviews, and we can only congratulate the authors of the various sections on the care with which they have done their rather thankless task.

E. E. H.


Dr. A. Hugh Thompson has written the section dealing with diseases of the eye in the Medical Annual for 1917. He first takes up the general therapeutics of eye disease, describing in turn the desiccation method of dealing with certain new growths advocated by William L. Clark, of Philadelphia, the uses of methylene blue and of silver salts in conjunctivitis and of thyroid gland in certain diseases of
the eye, and Harman's observations as to an economical solution for the keeping of alkaloids commonly employed in eye work. His other article ("War Injuries to Eye") deals in the first place with the improvement that may be sometimes effected in a patient's appearance by plastic surgery supplemented by mechanical devices. Injuries to the eye are classed and discussed under four heads: 1. direct injuries to the globe; 2. indirect injuries from the passage of a projectile near the globe; 3. functional effects; and 4. hemianopia due to wounds of the occiput. The value of the descriptions is enhanced by reproduction of the figures which accompanied the original articles.

S. S.


The 1916 report of the Government Ophthalmic Hospital at Madras by the superintendent, Major H. Kirkpatrick, I.M.S., includes details dealing with the buildings, the training of students and practitioners, finance, and so forth, into which we need scarcely enter here, beyond perhaps stating that the number of beds in the Hospital for Europeans and Eurasians is 24 and for Indians 136, and that this accommodation is eked out, when necessary (which seems to be often the case), by placing beds on verandahs.

A few details dealing with the surgical work of the Hospital are likely to prove more acceptable to our readers.

The number of in-patients in the year under review, was 2,876, and of out-patients, 17,017. Of the in-patients, no fewer than 1,499 were admitted for diseases of the lens and its capsule. The operations for senile cataract numbered 1,252.

Of 935 patients operated upon by one surgeon, expression in the capsule was carried out in 45, and extraction with laceration of the capsule in 890. The last-named operation, however, was adopted as the routine procedure after January, 1916, which may or may not have been connected with the fact that "failure" (V. = less than ability to count fingers at 2 m.) followed in 11·1 per cent. of the expressions, and in 4·8 per cent. of the other operation. After expression the invariable cause of failure was vitreous impaction. It may be noted, too, that vitreous was lost in 4·4 per cent. of the intra-capsular extractions, and in 2·14 per cent. of the other operation.

Subconjunctival injections of saline were very freely administered during the after-treatment of cataract extractions. If there were cortical remains or any trace of iritis, they were given from the fifth day. The opinion is expressed that they appear to limit cell
deposit on capsular remnants, and to aid materially in the absorption of cortex. On the day following operation, aluminium shields, one for each eye, are substituted for the dressing. The shield belonging to the eye which had been operated upon, is furnished with a window of amber glass, the other being merely a skeleton, as it were, intended mainly to keep the first shield in position. Patients are not confined to bed after the second day.

Of the 133 eyes trephined during the year, 17 were blind and painful from glaucoma, and the operation was successful in lowering tension and relieving pain in 14 of these cases.

Details are also included of 22 eyes which had been trephined for upwards of two years. Two eyes in a patient operated upon six years before, had excellent vision after removal of the cataractous lenses. Of four eyes, operated upon five years previously, one showed marked improvement, two were blind prior to operation and remained so, but with low tension, and one obtained fair sight after the lens had been extracted. Of six eyes of four years' duration, three had failed from irido-cyclitis, one had excellent vision, one obtained good sight after extraction of a cataractous lens, and one remained blind. Among nine of three years duration, vision failed to improve, but tension remained low, in two the glaucoma was cured, but the eyes were blind from diabetic retinitis, two were very much improved, and in one good sight was obtained after removal of a cataract. Finally, in one eye examined two years after trephining, the operation had failed from chronic iritis.

It is of interest to note that 12 eyes were trephined for retinitis pigmentosa, and that the results, upon the whole, were encouraging. For instance, five of the eyes were improved, three being markedly so. Seven eyes were unaltered, but four of these were blind before operation.

S. S.

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**OBITUARY**

**Theodor Leber**

(1840-1917)

The unexpected death of Theodor Leber, formerly professor of ophthalmology in the University of Heidelberg, is announced. The loss of this most distinguished scientist will be widely and deeply deplored.

Leber was born on February 29, 1840, at Carlsruhe, and died on April 7, 1917, at Heidelberg.