appear great in relation to the total population. The effects of the disease are largely masked by the heavy incidence of miscarriages, still-births, and infant deaths among the affected population.

3. The effective treatment of affected parents would result in an appreciable reduction in the cases of blindness amongst children and the disabilities arising therefrom.

S. S.

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**BOOK NOTICES**

**The Ophthalmological Society of Egypt. Bulletin of 1914.**

This Society was founded in 1902, and is composed for the most part of Egyptians, although several well-known Europeans such as MacCallan, Meyerhof, Osborne, Jacovides, Peretz, Waddy, and Sachs figure as members and contributors.

The 1914 *Bulletin* is written mainly in French and contains a paper by Meyerhof on a case of successful extraction of a piece of steel, of 150 mg. weight, with the aid of a small magnet. The immediate vision obtained was 5/10, but, unfortunately, detachment of the retina followed and vision was reduced to finger-counting at 3 metres.

The second paper was also by Meyerhof, discussing the question of a natural or acquired immunity to trachoma. He gives illustrative cases and decides the question in the negative.

MacCallan then furnished the statistics of the Egyptian travelling hospitals, which show that 40,670 new patients were treated and 30,648 operations performed.

The next paper was by Zaki Seddik, on removal of the tarsus in the treatment of trichiasis. He tried this, as he found that the cutaneous scar left by other operations was objected to by a certain number of patients, and claims to have obtained very successful results. He stated that the operation was only suitable when the tarsal conjunctiva is in a cicatricial condition, and that it sometimes renders the border of the lid rather thick. Gamal Eddin followed with a paper on the same operation. He stated that the most important complication is lagophthalmos. This is best treated by massage and bandaging the lids at night. Entropion may occur if the incision in the cartilage near the edge of the lid is irregular, leaving a thin piece at the centre and large pieces at the angles, and when the sutures are put high above the roots of the lashes. In the subsequent discussion MacCallan pointed out that the operation should not be performed unless the fornix is already
cicatrized, but when it is found necessary to remove a great deal of
the conjunctiva, and it is impossible to bring down the conjunctiva
to the lid margin, it is quite feasible to insert a piece of mucous
membrane taken from the lip in order to increase the mucous
surface and to prevent lagophthalmos or symblepharon.

Osborne then read notes of a case of papillary stasis in a man of
18 years of age, in whom no cause was found for the condition.
Lumbar puncture showed great pressure and 30 c.c. of fluid was
removed. The papilloedema had completely subsided a fortnight
later and vision was normal.

The same author also read notes of two cases of eye injuries
following electric traumatism. The first developed double optic
atrophy after the passage of a current of about 450 volts through
defective insulation of a tram cable. The second case suffered from
the bursting of a voltaic arc close to the face. The eyebrows and
lashes were burnt off and there was a greyish horizontal line on the
cornea corresponding to the palpebral fissure. Twenty-four hours
later this had completely disappeared and the patient was able to
return to work.

The next paper was by Waddy on acquired juvenile cataract in
connection with anaemia, ankylostomiasis, and pellagra. He said
these cases were quite common in Egypt, and that in the last
year he had met with more than fifteen. He found that they have
a most favourable operative prognosis. In the subsequent discussion MacCallan also commented on the common
association of anaemia with acquired juvenile cataract, and that, as
the commonest cause of anaemia in Egypt was ankylostomiasis, the
treatment of that disease was of great importance. He suggested
that the cause of the anæmia in ankylostomiasis might be a toxin
secreted by the worm.

Sobhy showed microscopic specimens of a melanotic sarcoma of
the conjunctiva of the upper lid, of a glioma endophytum, a
sarcoma of the lacrimal gland, and an adeno-carcinoma of the same
structure.

The concluding paper was by Nasr Farid, giving his experiences
of the ophthalmic diseases in the last Turkish and Macedonian wars.

E. E. H.

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The Egyptian Society have published the 1915 Report mainly in
English, instead of in French, as in the previous number. It would
be advisable, if they decide to continue to do so, that some one
who is more familiar with the English language should revise the
proofs, as errors in grammar and spelling are very numerous and
disfiguring. The following papers were read:—Fischer (Cairo), Ophthalmology and general Medicine; El-Rasheed (Assiout), night blindness; Oulton (Cairo), The comparative infrequency of simple iritis and irido-cyclitis cases among the Egyptian fellahin; Sadik (Tanta), Study of some cases of optic neuritis and of atrophy of the optic nerve; MacCallan, Acute conjunctivitis in Egypt; Azer Wahba (Zagazig), Fat grafting after excision of the globe; Soliman (Cairo), Gangrene of eyelids; Sobhy (Mansoura), A rare case of streptothrix infection of the conjunctiva, probably actinomycetic; Seddik (Mansoura), Late infection after sclero-corneal trephining operation; Fischer (Cairo), Rhinoscleroma with secondary growths in conjunctiva and eyelids; Sobhy (Mansoura), A case of absolute glaucoma trephined twice with failure to relieve tension; Wahba (Zagazig), Fly blown orbit; MacCallan, Statistics of blindness in Egypt during 1914.

In addition to the papers, some of which we hope to notice at greater length, several interesting cases and specimens were shown.

E. E. H.

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NOTES

Deaths

A. von Hippel, formerly professor of ophthalmology in the University of Göttingen, died two days after the celebration of his seventieth birthday. He was widely-known as a prolific writer.

W. Franklin Coleman, once professor of ophthalmology in the Post-Graduate Medical School of Chicago, has died at the age of seventy-nine years. He was born in Canada, and held British qualifications. He first practised in Toronto, and then in St. John, New Brunswick, Canada, and finally went to Chicago in 1885. He wrote extensively upon electricity in eye, ear, throat, and nose work. In 1912 he published a book dealing with the subject.

The death is announced of Julien Masselon, for the whole of his professional life chef de clinique to de Wecker. Masselon was born at Rouen, where he received his medical education. In June, 1871, he entered de Wecker's clinic. He made many contributions to ophthalmic literature, almost always in association with de Wecker. The sole exception, indeed, was his Précis d'Ophthalmologie Chirurgicale, published in 1886. After the death of de Wecker in 1906, Masselon retired to the country, although his master had bequeathed to him the clinic of the Rue du Cherche-Midi.