Ourgaud reports a case in which, as the result of a shell wound, the lower fourth of the cornea was destroyed; the gap was occupied by iris; there was traumatic cataract.

The day following the wound the conjunctiva was divided at the limbus in the whole circumference, the jagged edges of the corneal wound were cauterized, the conjunctiva was drawn over the cornea and its edges were united by a transverse suture. Seven days later the stitches were removed, and the upper portion of the conjunctiva began to retract. Two weeks later the upper flap of conjunctiva was in its normal position. The lower part was firmly adherent to the margins of the wound, forming a large opaque patch over the inferior half of the cornea. This area protruded slightly, but in four months the prominence had entirely disappeared. The loss of corneal tissue appeared to be completely replaced. Tension normal.

An upward iridectomy and extraction of the cataract were subsequently performed. The resulting vision was finger-counting at 30 cm. with a +10 D. lens.

J. B. Lawford.

BOOK NOTICE

Les Fractures de l'Orbite par Projectiles de Guerre. By FELIX LAGRANGE, Professor in the Faculty of Medicine, Bordeaux. With 6 plates and 77 figures in the text. Paris: Masson et Cie. Price, 4 francs. 1917.

Messrs. Masson and Co. are issuing a series of "Précis de Médecine et de Chirurgie de Guerre." Eighteen volumes have already appeared and others are announced. They give an excellent account of the methods of French medicine and surgery for dealing with the disabilities produced by the war, concise, well written, and admirably illustrated. Professor Lagrange has contributed a volume on injuries of the orbit. His title is somewhat misleading, for a large proportion of his book deals with injuries of the eyeball itself, whether incidental to fractures of the orbit or not.

The first chapter is devoted to a short historical account of war injuries to the eye and neighbouring parts, ranging from Homer to a Madrid thesis of 1916. It occupies nine pages, cites a few French and German authors, and is the least satisfactory part of the book.

The second chapter contains a brief account of the anatomy of the orbit, the resistance of its base and walls to traumatism, the application of the laws of dynamics to the orbit, and its vulnerability.

The third chapter gives statistics derived from the Base Hospital to which Professor Lagrange is attached, and considers the general question of the aetiology of fractures of the orbit. One important
conclusion may be quoted. "Fractures of the cranial vault caused by projectiles do not extend by radiation into the roof of the orbit and do not cause fractures by contre-coup." Fractures of the roof of the orbit and of the optic foramen result from falls or violent blows on the vertex of the skull, falls on the feet or direct injury.

The fourth chapter, discussing fractures of the orbit with conservation of the eyeball, is the most valuable part of the book. It records the author's own observations, experiences and deductions, which are supported by protocols of cases, illustrated by admirably clear diagrams and half-tone drawings of fundus conditions. The cases are classified in two categories, those without and those with retained foreign body. The former are divided into five groups: (1) The projectile passes above the orbit, causing fracture of the roof by radiation or contre-coup. The optic nerve is often injured and atrophies, and enophthalmos is not uncommon, attributed by the author to paralysis of the sympathetic. (2) The projectile passes below the orbit or orbits. The ocular lesions are chiefly at the posterior pole, especially haemorrhages in and about the macula. They are attributed to transmission of vibrations to the orbital contents, the orbital fat being nearly liquid at the body temperature. (3) The projectile fractures one wall of the orbit without touching the globe. In addition to macular lesions there are large choroidal ruptures, and often ruptures of both choroid and retina, situated on the side of the fundus nearest the fracture. (4) The projectile traverses the orbit without touching the globe. Sometimes both orbits are traversed. The optic nerve is wounded or cut across and there is often partial tearing away of the nerve at the disc. (5) The projectile touches the globe tangentially in its transit. The lesions are at the site of contact and consist of ruptures of the choroid and retina, which radiate in all directions but principally towards the posterior pole.

Professor Lagrange describes and comments on the various lesions of the eyeball seriatim. We can only mention a few of his more noteworthy observations. Thus, in cases in which there is reason to suspect haemorrhage into the sheath of the optic nerve, he has never observed haemorrhage around the disc, as has been described, but sometimes, long after the injury, a brownish pigmented ring. He has never seen an ordinary rupture of the sclerotic, i.e., just outside and concentric with the limbus, amongst war injuries. The frequency of ruptures of both choroid and retina, rare in civil life, is rightly emphasized, the inevitable consequence—large masses of cicatricial tissue, "traumatic chorio-retinitis proliferans"—described, and the points of distinction from ordinary retinitis proliferans tabulated. The number of simple detachments of the retina is said not to be very considerable. This infrequency in war injuries has been noticed by British ophthalmologists.
The fifth chapter discusses fractures of the orbit with destruction of the globe, and those involving neighbouring cavities, such as the frontal sinus, cranial cavity, etc.

The final three chapters deal with treatment, the last being devoted to plastic surgery. The author gives some useful hints on this difficult subject, and is particularly laudatory of cartilaginous grafts.

J. HERBERT PARSONS.

NOTES

The death is announced of Edgar Athelstane Browne, at Kirby View, Caldy Road, on June 27, at the age of 75 years. Late lecturer on ophthalmology in the University of Liverpool, he was at the time of his death consulting surgeon to the Liverpool Eye and Ear Infirmary. The funeral service took place on June 30 at St. Margaret’s, Prince’s Road. We hope to publish an appreciation of Mr. Browne’s life and work in our next issue.

Captain F. H. Knaggs, R.A.M.C., whose death is announced, was in practice at Huddersfield. On joining the R.A.M.C. he became ophthalmic and aural surgeon at the Huddersfield Infirmary and War Hospital.

The death of the following American ophthalmic surgeons is announced:—Nolen, Charles F., Baltimore, 47 years; Wolff, Benjamin, New York, 42 years; Corrigan, John J., Pawtucket, 59 years; Horlbeck, Henry, Columbia, 43 years; Dunn, M. C., 52 years; Clark, George F., Winchester, 47 years; Baker, H. D., Springfield; Walling, W., Chicago, 68 years; Gailey, E. S., Jacksonville, 43 years; Hogsett, C. G., Fort Worth, 44 years; Winslow, W. H., Boston, 76 years; Caffey, H. B., Pittsburg, 37 years.

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Honours

The D.S.O. has been conferred upon Lieut.-Col. R. E. Bickerton.

The C.V.O. has been conferred upon Captain R. R. Cruise, R.A.M.C. (T.)

The name of Col. W. T. Lister, C.M.G., was included in the list submitted by Sir Douglas Haig in his dispatch of April 9 as deserving of special mention.

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Appointments

MR. THOMAS H. BICKERTON, consulting ophthalmic surgeon to the Royal Infirmary, has been appointed by the University of Liverpool to the lectureship on ophthalmology, in the place of the late Mr. Edgar A. Browne. Mr. Bickerton has been asked by