suggesting that perhaps the left eye would have improved with any kind of injection, and that possibly the antipyrin alone might have served.

**ERNEST THOMSON.**

(6) This paper, a communication to the Tenth Meeting of the Spanish-American Ophthalmological Association, consists largely of statements selected from the writings of earlier observers in whose experience the administration of salvarsan and allied arsenical preparations has induced new, or exaggerated existing, intra-ocular lesions. The writer emphasizes the warnings given by previous authors as to the care which should be exercised in determining that the eyes of patients about to undergo treatment by salvarsan are not already the seat of disease. In examining a large number of such patients **Blanco** has found a small proportion in which there were evident signs of ocular syphilis; others in whom there were choroidal-retinal lesions of a non-syphilitic nature, or changes in the optic disc and retina due to vascular disease. All these conditions are thought to be contra-indications to the employment of arszenobenzol preparations.

**J. B. LAWFORD.**

(7) **Matthews** mentions incidentally several instances where atropin applied to the eyes produced bad results, and reports more particularly the following case.—

A woman of 71 years had cataract removed, and after the operation a drop of atropin was applied. About twelve hours afterwards she was very sick and faint, complained of difficulty in swallowing, and became dyspnoeic. The breathing was of the Cheyne-Stokes type. She became collapsed, and appeared to be dying. Under treatment by strychnin and the usual remedies for collapse, the patient recovered.

**S. S.**

---

**BOOK NOTICES**

*Text-book of Ophthalmology.* By Hofrath **ERNST FUCHS.**


It seems needless to attempt any criticism of this, the fifth English edition of Fuch's popular text-book of ophthalmology. It is more important to point out that in several senses the present edition may be regarded as a new work. Professor Fuchs has supplied the
translator with notes of many additions and changes, while Duane has himself made a number of radical alterations in the text, the object of which is to render the book more serviceable as a work of reference. These changes have met with the approval of the author. The matter added by Duane is indicated, so that it may be identified by the reader at a glance. Particular changes and additions include extension of the chapter on "operations," remarks upon tuberculin and vaccine therapy, the visual field and colour testing, the mapping out of scotomata and the blind spot, squirrel plague and eel's blood conjunctivitis, Samoan conjunctivitis, peculiarities of conjunctivitis in the near East, extra-genital gonococcus infection, inclusion blennorrhœa, the ætiology of trachoma, blastomycetic dermatitis, superficial linear keratitis, sclerosis of the cornea, the ætiology of iritis, sclerosis of the choroid, suppurative choroiditis, Elliot's summary of theories of glaucoma, retinitis stellata, retinitis exudativa, angiomatosis retinae, the different forms of retinal degeneration, and so forth.

The time appears to have come when this portly book, which has now attained upwards of one thousand pages, might with advantage be divided into two volumes.

S. S.


The American National Committee for the Prevention of Blindness have recently published their second Report which gives, with commendable brevity (the whole Report, with financial statement, occupying only 36 pages), an account of the work that is being done. Special investigation has been made in the past year on the relation of cinematograph displays to defective eyesight and on hazards to eyesight in industrial work, as studied at first-hand in Buffalo in both large and small factories. As regards the cinematograph, Gordon L. Berry, the acting secretary, made a special study of the subject and his conclusions were published in an article in the Monthly Bulletin of the New York City Department of Health. These were to the effect that where proper illumination of auditorium and proper projection on the screen are provided, after good mechanical preparation of the pictures, there is small hazard to eyesight. If, however, under the best conditions, strain or other indications of eye trouble are apparent, it should be sufficient cause for immediate consultation with an oculist, as early symptoms of glaucoma and other eye diseases may thus be recognized and the proper curative treatment begun in time. It is interesting to note how closely this opinion coincides with that of Kerr in his lecture before our Illuminating Engineering Society,
which is noticed in the present issue of this journal. It is purposed to include the report on Buffalo factories in a larger work intended to describe what one energetic community is doing to provide for the conservation of vision of its citizens.

The main work of the Committee is not so much new investigation as the dissemination of knowledge of the causes of blindness or impaired vision and the advocacy of measures to eliminate those causes. The Committee have to regret that in this, their second year, the calls for assistance have proved to be so numerous as to be beyond their capacity to satisfy in every case. This affords a convincing demonstration of the value the American public has learnt to attach to their work. Amongst the statistics in the volume is an interesting set of figures illustrating the relative percentages of children in the blind schools who have lost their sight as a result of ophthalmia neonatorum. Whereas in 1907 the percentage was 26%, in 1915 it had sunk to 19. This gratifying decrease is attributed to a more general understanding as to the dangers from ophthalmia neonatorum, and the increased use of preventive measures. The following legal methods have been taken to deal with this disease:

1. Compulsory notification in 37 States. 2. Reporting law printed on birth certificate in 7 States. 3. Local health officers instructed to secure medical attention for uncared-for cases, or to warn parents of the danger, and advise immediate treatment in 21 States. 4. Births are reported early enough to be of assistance in prevention of blindness work in 11 States. 5. The question as to whether or not precautions were taken against ophthalmia neonatorum is included on the birth certificate in 15 States. 6. Free prophylactic outfits are distributed to physicians and midwives in 16 States. 7. The use of a prophylactic (usually specified by the State Board of Health) as a routine is compulsory in 17 States, and strongly recommended in an additional 4 States. 8. Popular educational leaflets, relating in whole or in part to prevention of infantile blindness, are distributed by State Departments of Health in 29 States. Specimens of these leaflets, which seem well adapted to the purpose, are enclosed with the Report. The prophylactic recommended is 1 per cent. nitrate of silver as a routine measure in every case. As showing the efficacy of the measures advocated, it is found that the highest percentage of children blind from ophthalmia neonatorum comes from Vermont and New Mexico, in which States there are practically no legislative provisions for the prevention of blindness from that disease.

Another cause of blindness dealt with by the Committee has been due to the use of wood alcohol in adulterating patent medicines and drinks and as a solvent for certain varnishes.

In addition to the leaflets for popular distribution already
referred to, the Committee enclose with their Report two pamphlets, giving a synopsis of a popular lecture, illustrated by lantern slides, on saving the sight of babies, and concerning common causes of blindness in children. A third pamphlet treats of trachoma from a more professional point of view. The extent to which this scourge exists in America comes as a surprise. Practically no State is free from it. Trachoma has undoubtedly existed among the Appalachian Highlanders and American Indians for generations; but the infection of the general white population is more recent, and probably has been introduced from European immigrants. The State of Kentucky reports 33,000 cases, largely in the mountain districts in which the settlers live under abominable hygienic conditions and are separated from the nearest towns where treatment can be obtained by long distances devoid of roads. Means are now being provided of bringing assistance to these unfortunate sufferers. It is also estimated that fully 20 per cent. of the Indians in America are infected. A vigorous anti-trachoma campaign among them has been started. Six specialists are devoting their whole time to the work in addition to the efforts of more than 200 physicians in the regular Indian Service.

The whole Report is thoroughly business-like, and the Committee are obviously engaged in a work of the greatest national importance.

E. E. H.

Venereal Disease in Glasgow.

A memorandum dealing with “Venereal Disease in Glasgow” was issued by the Medical Officer of Health, Dr. A. K. Chalmers, on March 26, 1917.

As regards ophthalmia neonatorum, it appears that that disease was made compulsorily notifiable in Glasgow in August, 1911. The need for providing hospital accommodation for certain cases was met by setting aside one of the reception houses for the purpose in February, 1912. In order that they might also undergo treatment, the practice grew up of admitting the mothers with the affected babies. Two valuable observations resulted from the experience thus gained of the disease: first, the occurrence of the malady in successive children in several families; and, secondly, the result as regards vision was graver when congenital syphilis coincided with ophthalmia neonatorum. Thus, in the period ended December 31, 1913, of 227 babies affected with non-gonococcal ophthalmia 0.4 per cent. were rendered totally blind; of 151 babies with gonococcal ophthalmia, the percentage was 0.6; and of 42 babies where the two infections coincided, 9.5 per cent. became totally blind.

In April, 1913, the Corporation of the City determined to place
a Wassermann test at the disposal of any practitioner or institution for a fee of 2s. 6d. The results of the experience gained in this way during nine months are given by Dr. Chalmers. Of the total number (751) examined 283 were positive and 468 negative. S. S.

OBITUARY

The death of Edgar A. Browne, which occurred on June 27, at the age of 75 years, has already been announced in these columns.

The eldest son of Hablot K. Browne ("Phiz"), who illustrated many of Dickens's earlier works, the subject of our notice was born in London. He received his earlier education at Bruce Castle School, and studied medicine at St. Thomas's Hospital. In 1864 he took the diplomas of M.R.C.S. and L.M. and of L.S.A. in 1865,