under cocaine, the pupil being contracted with eserin. A large thick conjunctival flap is raised from the upper part of the globe and dissected up to the limbus but not beyond, i.e., there is no splitting of the cornea. The flap is held forwards, a keratome incision is made obliquely into the anterior chamber commencing 1 mm. behind the limbus. The vertical arm of the wire T is now introduced through the incision into the anterior chamber, the base resting in the depression at the sclero-corneal junction. A special pair of forceps is used for this part of the operation. The conjunctival flap is then laid back over the wire, suturing being unnecessary if the eye is closed carefully. The eye is dressed on the second day after operation, and then daily. When the anterior chamber has fully re-formed, the point of the wire inset should be seen just behind the posterior surface of the corneal margin and well in front of the iris. No eserin is used after operation and the patient can be discharged from hospital in 5 to 8 days. With regard to results, 32 eyes have now been operated on by this method in 25 cases, and in none has there been the slightest sign of irritation or discomfort that could be attributed to the presence of the wire, except in the first case where the ends of the wire were not fused together, with the result that they penetrated the conjunctiva. The percentage results are: Total failures 9 per cent. (including a case with diabetes and nephritis), partial failures 13 per cent., successes 78 per cent. The paper concludes with details of the 25 cases.

F. A. WILLIAMSON-NOBLE.

BOOK NOTICES


Students of visual space perception have hitherto had to rely upon Helmholtz's "Physiological Optics," which has at last become available in the English language, Hering's still indispensable writings in Hermann's Handbook of Physiology and elsewhere, and current physiological and psychological literature. It is to be feared that most English students have obtained their information second-hand from text-books of physiology and psychology, and this is particularly so with regard to Hering's work, much of which is buried in journals difficult of access. Hering's views on space perception are still so important and so stimulating that it would be well worth while to reprint his chief contributions. Both of these chief sources are now almost
antique, and much work has been done since they were published. Hofmann has written a text-book which will remain the standard work for a long period. It is clearly and concisely written and brings every department of the subject well up to date.

The first part treats of relative localization in the frontal plane of the visual field, and includes articles on irradiation, visual discrimination, "projection," perception of size and form, geometrical optical illusions, etc.

The second part deals with retinal correspondence, eye movements, localization of direction and depth, and perception of movement. Every branch of the subject is discussed fully and with admirable judgment. Specially noteworthy is the description of the "Gestalttheorie," now so popular in some psychological circles, and its application to the complex problems of form and movement perception. There is a very full and accurate bibliography, and the book, whilst it can never replace the original sources, is an indispensable mine of information.

Though published as a section of the "Graefe-Saemisch Handbuch der Augenheilkunde," it is available as a separate and self-contained volume.

**The Secret of John Milton.** By Heinrich Mutschmann.

Pp. 104. A limited number of separate copies to be obtained from the author at 8s. each. The University, Dorpat, Esthonia.

Mutschmann's book cannot fail to be of interest to students of Milton or to those who are interested in psychology and psychoanalysis. The main object of the author is to prove that Milton was an albino and therefore exceptionally susceptible to the phenomena of illumination, possessing moreover an almost morbid love of darkness. This thesis is considered from three different angles: (1) The conduct of his art, where the works written before the onset of glaucoma display remarkable evidence of photophobia and nyctalopia; (2) his habits. In actual life Milton seems to have avoided moving about in the light, notably before his blindness; (3) the description of his personal appearance and his portraits. He is described as exhibiting the typical outward signs of albinism.

The matter is treated under these three headings with great care and elaboration. For example, Aubrey in his description of Milton's appearance, makes the following statement:

```
abroun
"He had light browne hayre.
   exceedingly
His complexion very fayre."
```

("He was so faire that they called him the lady of Christ-Coll."); in which Aubrey seems to have paraphrased "browne" into "abroun" and "very" into "exceedingly."
Quotations are then given from the New Oxford Dictionary showing that the word now known as auburn, meant in Milton's time whitish or very light and that the same was so in Shakespeare's works. The author's extreme thoroughness is at times rather amusing, thus the phrase "love darting eyes" in the description of the lady in Comus is regarded as an allusion to albinotic nystagmus.

With regard to the second heading, Milton's love of subdued light and his nocturnal habits when at Cambridge are well established from contemporary evidence. Under the first heading a large volume of evidence is brought forward showing that before the first attack of glaucoma in 1644, the light shade complex was "over weighted," and constantly clamouring for expression. Apart even from the actual subject matter the book is an interesting sample of what can be done by statistical and analytical methods in revealing the possible characteristics and complexes of an author by examination of his writings, although the present example is not very convincing.


Each country has trials peculiar to itself and some trials are common to all. That country where quackery is not rampant must be non-existent. Wherever we go the bonesetter, the charlatan, the quack, and the clairvoyant seem to flourish. The Fatherland appears, from a glance at this book, to be afflicted with a form of irregular practice in which, in place of the black box of E.R.A., the iris is made the seat of diagnosis for all sorts and conditions of diseases, merely by inspection. Much can, of course, be learnt from inspection, and the more we learn to use our eyes the better clinicians we shall turn out to be.

The chief exponent of "Augendiagnose" in Germany was, if we read the book aright, a parson who got into legal trouble by causing the death of a young baker by maltreatment of a "blind-darmentzündung," which we take to mean a case of appendicitis.

The author, who is a professor in Munich, goes into the matter of "Augendiagnose" fully from the historical and practical points of view. "Iriskopie" is a relic of astrological medicine, and is allied to the fatuous method of "seying the water," and diagnosing the medieval patient's complaint by looking at his urine.

Exponents of "Augendiagnose" remind one of Chaucer's physician.

```
In al this world ne was ther noon hym lyk
To speke of phisik and of surgerye;
For he was grounded in astronomye.
He kepte his pacient wonderly wel
In houres by his magyk naturel.
```

**THE BRITISH JOURNAL OF OPHTHALMOLOGY**
Many years ago, Frederick the Great adopted very short measures with a noted quack of his day, namely the Chevalier John Taylor, and gave him twenty-four hours in which to clear out of Prussia. We hope that the time is not far distant when similar measures, high-handed though they may seem, may be meted out to all irregular practitioners of medicine and allied sciences.

The well-meaning, but misguided enthusiast who conceives that he or she has a special mission of healing is to be pitied; while those who, and they form the major part of the fraternity, ply quackery for gain should be exterminated.

This brochure is well printed on good paper and makes very interesting reading. The low price should ensure its rapid and extensive diffusion and help to put an end to the activities of the "Pastor," who seems to have resembled Chaucer's physician in that if he had an extensive irregular practice in medicine, his duties in connection with a cure of souls must have been rather limited and—

"His studie was but litel on the Bible."

The average quack has always been "a verrey parfigh practisour," and to most of them the final line on the physician in Chaucer's prologue applies with full force:

"Therfore he lovede gold in special."

**The Report of the Madras Government Ophthalmic Hospital for 1924.** By the Superintendent, MAJOR R. E. WRIGHT.

Contains much valuable information and indicates the high character of the work performed in the Institution. 3,951 in-patients and 23,430 out-patients were admitted and 4,324 operations were performed during the year.

It is sad to read that, owing to financial stringency, the Government was obliged to restrict admissions, and that in consequence the number of operations for cataract fell from 1,613 in 1923 to 1,468 in the year under review. 3.2 per cent. of the patients operated on for senile cataract had a vision of less than 2/60 on discharge from hospital; but some of these might possibly be improved by further treatment. Four eyes were lost from infection (two primary and two secondary). One, a complicated case, was lost from expulsive haemorrhage. The rate of vitreous loss in the series was 1.9 per cent. Wright favours a complete iridectomy in all doubtful cases; but, when the iris is light coloured, has a really good tone, and shows no tendency to be washed into the wound by the irrigator stream, he prefers the simple operation. Button-hole iridectomy after lens delivery is occasionally performed. The irrigator is freely used in nearly every case. A corneo-scleral section is mostly made, but a bridge flap is fashioned in certain types of eyes.
Sclero-corneal trephining continues to hold its place as the routine operation for glaucoma, but a trial of iris inclusion was made on a few patients whose other eye had been successfully trephined.

Reference is made to the comparatively rare occurrence of sympathetic ophthalmitis in the East. This rarity must be familiar to most ophthalmic surgeons of wide Eastern experience. A record has been kept of those patients who might reasonably be expected to contract the disease; and 62 such have been noted since 1921. But not a single one has so far reported any trouble.

Notes and illustrations, contributed by other members of the staff, of many interesting and rare cases are included in the report.

CORRESPONDENCE

PHYSICIAN, SURGEON, SPECIALIST

To the Editor of The British Journal of Ophthalmology

SIR,—As the above title may seem somewhat cryptic I lose no time in stating that it has been suggested by two articles in the Lancet of October 17 and October 24, 1925. Although these two articles have no connection one with the other they seem to bear upon the same point, namely, the mutual interdependence of the various branches of medicine and surgery. The first article (October 17), by Bishop Harman, "Hospitals, General and Special," constitutes the Appendix to the Sixth Annual Report of the Voluntary Hospitals in Great Britain (excluding London). The second (October 24) is by P. Watson-Williams, "Anatomically Irregular Sphenoidal Sinusitis with Optic Neuritis."

Harman says: "The determination of the relative value of special and general hospitals must be based upon their working efficiency in regard to the patient. Which type of hospital is best for the patient, whatever be the nature of his ailment; and which in the long run fosters the best type of medical practitioner, that is to say, the practitioner most able to cope with the disability of the patient. . . . In my judgment there can be no doubt that the general hospital is better than the special hospital, better for the patient, and better in that it cultivates a superior type of medical work."

Considerations of space prohibit the full statement of Harman's argument. It is temperately developed and makes all due allowance in favour of the special hospital under certain circumstances, but, nevertheless, is strongly in favour of the general hospital with special departments, so that the patient may