due to stimulation of the autonomic system and bone marrow, with increased permeability of the vascular walls causing increased leucocytic activity in the affected area, while Key believes the therapeutic effect to be produced by alteration in the activity of the whole organism rather than by direct influence on the pathological process. The most suitable substance to inject is probably whole milk which has become slightly contaminated with bacteria. The milk is boiled in a water bath for three to four minutes before use, and when it has cooled sufficiently, 10 c.c. (for an adult) are injected intragluteally. The dose is usually repeated on the second and fourth days or third and fifth days, depending on the severity of the reaction and the urgency of the case. Though not mentioned in this paper, some observers recommend that the injections should be continued until no rise of temperature is provoked. Experience shows that non-specific protein therapy exercises its most favourable effect in acute and subacute inflammations of the anterior segment of the eyeball and in gonococcal conjunctivitis. With regard to the latter, Lindner frequently noted disappearance of gonococci from the conjunctiva within thirty-six to forty-eight hours after the institution of milk injections. Various workers have reported good results in the following diseases: acute and subacute idiopathic iritis and iridocyclitis, serpiginous ulcer, hypopyon keratitis, traumatic infections of the anterior segment of the eyeball, sympathetic ophthalmitis, keratomalacia, and for relief of pain in panophthalmitis. Particularly good results are obtained when the infection is due to staphylococcus aureus or pneumococcus.

F. A. WILLIAMSON-NOBLE.

BOOK NOTICES


The Committee upon the physiology of vision was initiated by the Medical Research Council after the British Medical Association in 1924 had forwarded to them a resolution unanimously adopted at a meeting representative of ophthalmologists from all parts of the United Kingdom. In the terms of this resolution the Association was recommended "to press strongly upon the Government
the great need for research upon many unsolved problems of vision in relation to the requirements of the combatant services.” The members of the Committee are: Sir John H. Parsons (chairman), Surgeon-Commander M. B. Macleod, F. C. Bartlett, Wing-Commander E. C. Clements, Major J. H. Gurley, H. Hartridge, Sir William Lister, J. W. T. Walsh and D. R. Wilson (secretary). It is stated in the introduction that “at an early stage it appeared to the Committee that a critical survey of the work already done in this and other countries in some parts of the applied physiology of vision would be useful to them in planning their programme of research. The Council accordingly made arrangements for Mr. R. J. Lythgoe to prepare the analysis of the more recent work upon the relation of illumination to visual capacities which is given in the present report.”

The report begins with a page of useful definitions of the terms used in illumination work. After this the literature of the subject is briefly, but adequately abstracted under the following heads: the influence of different intensities of illumination on visual acuity; the effect of varying the character of the illumination on visual acuity; the discrimination of (1) shapes, (2) differences of brightness; adaptation as a factor in visual discriminations; the influence of lateral illumination, including “glare,” on visual judgments; the speed of retinal impression, with special reference to telegraphic signalling and to lateral illumination; the influence of illumination on the discrimination of colours; visual fatigue; methods and apparatus. This is followed by fourteen pages of bibliography and an index. The report is indispensable to any one contemplating any research work on the subject. The bibliography alone would have been of great assistance and the Committee are to be warmly congratulated on the high standard they have set themselves for subsequent reports.

**Bulletin of the Ophthalmological Society of Egypt, 1926.**

The Twenty-third Annual Meeting of the Ophthalmological Society of Egypt was held in Cairo in March. In his presidential address Dr. el-Mazni Bey congratulated the society on the number of members, of whom 87 were present. The number of ophthalmic hospitals is now 29, of which 21 are permanent buildings and 8 are travelling hospitals under canvas. The number of new patients treated in 1925 was nearly a quarter of a million. The most important communication was that of Dr. Meyerhof on “Early Arabic Medical and Ophthalmological Science,” which will be noticed elsewhere.

El-Kattan reported two cases of corneal tumour which he believed to be endotheliomata. Demetriadis recommended a stock vaccine applied locally for the treatment of ulcerative blepharitis.
Sobhy Bey and Sayed Eisa described a case of bilateral tuberculosis of the conjunctiva and lacrimal glands. Tewfik gave a useful resumé of the method of preparation of the patient for cataract operation, though he omitted the important step of effecting retrobulbar anaesthesia. He also made the useful suggestion of treating post-operative lagophthalmos by Thiersch-grafting. Sobhy Bey reported a case of angioid streaks in the retina, also a case of syphilitic inflammation of the central artery of the retina. Zaky treated a case of sympathetic ophthalmitis, after excision of the blind sympathizing eye, with increasing doses of sodium salicylate until the patient was taking 21 grammes a day. The vision improved from 2/60 to 6/18, with correction.

CORRESPONDENCE

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—Knowing the erudition with which your journal is conducted, I would very much value your opinion on a small matter of pedantry.

We know that medical men are very lax in their use of the English language, and we witness glaring examples of it from time to time, such as the use of the expression "the acute abdomen." It passes the wit of the ordinary man to understand how any portion of the body with so much rotundity as the abdomen can be called "acute," but, from the context, we gather that the users of the term refer to some inflammatory or other acute ailment affecting the abdominal cavity. I regret to see that a similar looseness of expression has crept into ophthalmic literature, for I lately received a notice announcing a discussion on "macula colobomata." It seems to me we have here two nouns, one in the singular and the other in the plural. Surely macula should either be in the genitive case or should be converted into an adjectival form. I should be glad to have the pronouncement of the erudite member of your staff on the subject.

Yours faithfully,

"PEDANT."

November 17, 1926.

[We sympathize with "Pedant" in this matter and have no hesitation in offering our opinion that he is right in his contention. The classical scholar, who deplored the fact that medical Latin