1915, a small pigmented vascular mass was found in the conjunctiva of the left lower lid. This was treated by dessication, which removed the growth but left a small pigment stain. In 1917 and 1918, there were no signs of recurrence. In 1924, a polypoid, non-pigmented vascular sarcoma was removed from the upper fornix, the base being treated with radium. The conjunctiva slowly became normal again, but after some weeks the glands in the side of the neck became involved, and had to be removed. Some months later the lacrymal gland became involved and then the lower lid at the site of the original growth. Radium and X-rays were used during this time, but in spite of all treatment, the patient died from extension to the lungs and brain within barely a year of the affection of the upper lid.

The author considers that all small pigmented patches embedded in the conjunctiva should therefore be regarded with suspicion. Though they are rarely malignant before 30 years of age, they frequently become so later on.

F. A. WILLIAMSON-NOBLE.

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BOOK NOTICES


This book cannot fail to be of interest and value to ophthalmic surgeons. The author has already written an account of new growths of the eye in Zweifel-Payr’s Handbook, where, however, he was cramped by the limitation of space. He has written the volume under review with the object of facilitating the earlier diagnosis and treatment of these growths, though it, in fact, forms a complete treatise upon the subject. The general plan of the book is to consider the tumours affecting the eye and its appendages from front to back. Thus, the first section contains malignant tumours of the lid, the next those of the conjunctiva, then the cornea, iris and so on. Orbital neoplasms are considered, also optic nerve tumours, even as far back as the intra-cranial portion of the nerve.

Each condition receives an excellent clinical as well as pathological account and the difficulties in diagnosis are well explained. In the section on diagnosis of sarcoma of the choroid for example, one is reminded that transillumination is not necessarily infallible since the growth may be a flat one and sufficiently thin to cast no definite shadow. Typical clinical aphorisms are: (1) that every
detachment of the retina, occurring in a patient over the age of 40 years, without a history of preceding trauma and in the absence of high myopia is suspicious of sarcoma of the choroid, particularly if the intraocular tension is not reduced. (2) That in cases not seen until acute glaucoma has occurred the history is of supreme importance. In cases due to sarcoma, vision before the attack has usually become already defective, whereas if the case be one of simple glaucoma, vision before the attack was probably quite good. (3) That more or less severe irido-cyclitis, due to necrosis of the tumour may be the first thing that brings the patient for treatment: the vast majority of these rare cases are of course not diagnosed until the eye is removed.

In order to illustrate still further the difficulties of diagnosis the author mentions autopsies performed by him in cases of sarcoma of the liver, in which there was often found choroidal sarcoma in a somewhat phthisical eye.

In the section on glioma of the retina the author records interesting genealogies from Steinhaus, Purtscher, Owen, and others. In one of these the children of a non-gliomatous father with gliomatous brothers and sisters developed the disease. In another it was the mother of two gliomatous children who had brothers and sisters afflicted with glioma; while in the third, a gliomatous father had a son with the disease. There are some excellent histological illustrations showing isolated cells of the ordinary and of the rosette type, also drawings of sections showing mantles round new vessels and rosettes.

Enough has been said to show the general character of the book. The variety and interest of its contents make it extremely good reading and should recommend it to all ophthalmic surgeons. They will unite in congratulating the veteran author upon his valuable contribution to the pathology of the eye—a contribution rendered specially valuable by the records it contains of his long experience and ripe judgment.


This report is a research conducted by Mr. Pyke at the suggestion of the special Committee appointed to investigate the physiological and psychological aspects of printing which owed its origin to a recommendation from the Department Committee on Type Faces (1922). (Brit. Jl. of Ophthal., Vol. VII, p. 160.)

In the preface to the work under notice the Committee say that "as a result of their experience they have formed the opinion that the experimental methods now available are not likely to provide clear and direct answers to the many practical problems remaining
to be solved, and that the whole subject can more profitably be approached by subordinating it as part of a more general and comprehensive scheme of research into the physiology of vision." Another Committee has already been appointed to carry out this wider scheme.

The first twenty-four pages of the present work deal with the literature. Owing to the absence of any definitions or adequate criteria most of the literature is of little value. In discussing the work of previous observers the author classifies it under eighteen different headings. His criticism on the last of these will serve fairly well for the rest: "18. Thickness of limbs. No general trend of judgments is discernible, nor are the results very impressive. Nevertheless they represent the sum total of advice, which, in accordance with custom becomes more authoritative the fewer the experiments." In the following twenty-two pages he states the nature of the problem with accurate logic and points out that legibility must be distinguished from terms like recognizability, perceptibility, etc. The account of his own experiments is a brief one as it only occupies some fifteen pages. The actual performance of them was anything but brief, in fact so great was the strain on the subjects that it was found necessary to pay outsiders for testing. The apparatus used was a modification of the tachistoscope, arranged to give exposures between 0.5 and 15 seconds. For an account of the precautions adopted and the types, etc. employed readers must refer to the original. As was only to be expected the author is unable to come to any very definite conclusions. Under the laboratory conditions type No. 1 (old face) gave slightly the best results. He considers that extremely large typographical differences must be present before it is possible to say that there is any difference in the objective legibility of types.

The remainder of the book is devoted to a collection of historical subject-resumés of very great value for any future workers on this difficult subject. If Mr. Pyke has not succeeded in solving the problem he has at least, for the first time, laid down an accurate framework for future researchers. We desire to offer him our congratulations on a very laborious and excellent piece of work.


The basis of this book consists of twenty-five cases of cavernous sinus thrombophlebitis under the personal observation of the author. He had twenty-one deaths (12 post-mortem reports) and
four recoveries in three of which the involvement of the sinus was verified by operative finding, and in the other it was questionable.

The author emphasizes the following points: (a) cavernous sinus phlebitis should be regarded as a group of diseases; (b) for early diagnosis it must be remembered that the classical signs of exophthalmos, chemosis, and oedema of the lids may or may not be present, depending on whether the sinus is suddenly and completely obstructed by an acute septic process, or gradually obliterated by a compensatory thrombus; (c) an early diagnosis in cases of slow involvement without classical signs of exophthalmos (the most promising type for surgical intervention) necessitates a careful study of the mechanical factors which determine the symptomatology; (1) the path of infection into the sinus, (2) the part of the sinus first attacked, (3) the alterations in the adjacent tissue that occur as a result of the venous anastomoses of the sinus; (d) the necessity of treating the phlebitis not only by drainage, but by placing the inflamed venous radicle at rest by ligature of the common or internal carotid artery.

At the outset the importance of distinguishing clinically between sudden and gradual obliteration of the sinus is insisted on; and two cases are quoted in one of which there was an acute infection of the sinus from extension of a thrombophlebitis of the anterior veins, the ophthalmic; and the other a case of slowly obliterating thrombophlebitis.

Chapters follow dealing with ophthalmic or anterior infections of acute or fulminating type; anterior chronic (compensatory cases from pterygoid plexus or orbital infection; aural, or posterior cases, with or without proptosis; sphenoidal (mesial) cases; tonsillar and neck cases, and a short chapter on the non-infective type of cavernous sinus thrombosis concludes the first half of the book. The remainder deals with diagnosis, prognosis, embryology, surgical anatomy and pathology, and treatment: the latter subject being discussed under the headings of operative treatment and serum and vaccine therapy.

Few ophthalmic surgeons in this country at any rate will be in a position to criticize the operative treatment; intra-cranial suppuration is outside our province. Ligature of the carotid artery in cases of arterio-venous aneurysm is of course well known and frequently adopted over here, but the attempt to place an inflamed sinus at rest is based on a hypothesis that this can be attained by stopping pulsation of the carotid within it, by ligature, and we have no experience of it in this class of case. The radical orbital operations of resecting osteoplastic flaps, removal of the eye and orbital contents to ensure drainage are probably sound in theory in selected cases; and when we are dealing with so serious a condition as cavernous sinus thrombosis, perfectly legitimate,
while the same remarks apply to treatment with mercurochrome—220.

The book is well got up and the careful reports of the author's cases make interesting reading and add materially to its value. It is illuminating also to see how large a proportion of these terribly serious cases start from some trivial lesion, such as a stye on the lid, a boil on the face, a septic tooth, or after operation on teeth, tonsils, or antrum.

**Revue Internationale du Trachome. October 1926.**

Morax describes one of those somewhat unusual cases of unilateral trachoma. Emile de Grosz gives a résumé of MacCallan's antitrachomatous work in Egypt. Aubaret and Mastier give an account of hypertrophic condition of the conjunctiva in a case of trachoma which seemed to be the result of hyaline, or more probably colloid degeneration. Such cases are almost unknown in Europe and are indeed uncommon in heavily trachomatized countries. There are two articles on the prophylaxis of trachoma one by Aubaret and the other by Morax and Petit.

Elena Puscariu presents a clinical study of trachoma. She states that she is accustomed to divide the disease into three stages without mentioning that this was first devised by Raehlmann in 1883, and elaborated by MacCallan in 1911. She insists that pannus only appears in the course of the third or cicatricial stage of trachoma: this is contrary to our experience as with the slit-lamp or even with a good corneal loupe, the initial stage of trachoma frequently presents tiny pannus vessels at the upper part of the cornea.

**Annual Report of the Department of Health, Government of Palestine, 1925.**

The Annual Report for 1925 by the Director of Health, Palestine Government, Colonel Heron, C.B.E., D.S.O., is of great interest, containing a comprehensive account of the activities of the Department. During the last six years a model Health Administration has been evolved through Heron's organizing ability and high professional skill. His previous experience as an Inspector in the Department of Public Health of Egypt during its best days was no doubt of great service in the early days of his present work.

The budget of the Department for the year 1925-26 was only £90,000, so that it was necessary to exercise a rigid economy. The staff included eight British and forty Palestinian medical officers, who are able to devote the greater part of their energies to public health work, owing to the numerous voluntary and charitable.
hospitals and medical institutions which co-operate very satisfactorily with the public health administration.

The facilities for treatment of trachoma and other eye diseases have been still further developed during the year in close co-operation with the Ophthalmic Hospital of St. John of Jerusalem. Medical Officers of the Government and nurses are trained there and are sent out to various districts to conduct ophthalmic clinics in the government hospitals and dispensaries under supervision. These have been described in previous reports and reviewed in this journal. "Since the inception of the scheme nine medical officers have received training and some of them additional courses. In operative work they perform at least fifty trichiasis operations under supervision and are trained to assist at intraocular operations. They are given a working acquaintance with the prescribing of spectacles, with special reference to the type of case to refer to the visiting surgeon, and with the more obvious conditions demonstrable with the ophthalmoscope. Daily they receive practical instruction in the management of a clinic and the application of treatment. In the devising of this curriculum, especially in the recognition of the imperative need of standardizing operative procedures and methods of treatment, I am indebted to the monumental work of MacCallan in Egypt." The more serious cases at the ophthalmic clinics in the districts are kept for operation by the visiting ophthalmic surgeon from Jerusalem, or if necessary sent to him at the Hospital of St. John. Ophthalmic treatment is given in the schools for trachoma and acute conjunctival diseases by the school nurse or medical orderly by means of drops, and a record of the progress of each case is kept on a special ophthalmic card by the school medical officer. Sixty-nine per cent. of the pupils suffer from trachoma.

CORRESPONDENCE

OCULAR PRESSURES

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

Sir,—Mr. Duke-Elder has laid us all under great obligation by his discussion of the ocular circulation published in the October number of the Brit. Jl. of Ophthal, particularly for the extensive bibliography which he has furnished.

We have seemingly been trying to measure pressures by different methods, involving different terms and expecting the findings to