In order that the injection may be successful it is necessary to prevent motor impulses from the centres reaching the orbicularis, by impregnating the terminal filaments of the facial nerve with novocaine. These filaments reach the muscle, grouped on the bone of the external and inferior borders of the orbit. The injection must therefore be made in this position and to the requisite depth. Iodine is applied to the skin: the needle is passed into the skin perpendicularly and down to the bone, at the intersection of a horizontal line, passing 0.5 cm. below the inferior edge of the orbit, and a vertical line passing 0.5 cm. outside the external margin of the orbit. One drop is injected: the needle is partially withdrawn and turned in the direction of the nose along the horizontal line already designated, and at each half centimetre point an injection is made, always feeling the point of the needle on the bone, until the inner end of the lower lid is reached. About 1.5 c.c. of the solution is injected during this procedure.

For the injection at the lower half of the temporal border of the orbit, the needle is not completely withdrawn from the first site but its point is directed upwards near the bone and half cm. from the orbital margin. One c.c. is injected here by the same intermittent manoeuvre as before. The needle is then withdrawn. It is re-inserted from above downwards at a point on the frontal ridge at its intersection with a vertical line along the outer margin of the orbit. The remaining 1.5 c.c. of the solution is injected here. This is in brief the technique recommended, and the author says: "the results are constant, sometimes greater, sometimes less, but always sufficient to render the patient incapable of closing his lids forcibly. If the injections are deep and not excessive in amount no oedema of the lids is induced.

van Lint has advocated and practised this method consistently and is convinced of its great utility. He says, epigrammatically, "Celui qui opère la cataracte sans l'akinésie palpébrale a la sensation de faire de l'acrobatie, de marcher en équilibre sur une corde tendue. Celui qui fait l'akinésie marche d'un pas assuré sur la terre ferme."

J. B. LAWFORD.

BOOK NOTICES

Transactions of the American Ophthalmological Society.

The sixty-second annual meeting of the American Ophthalmological Society was held at Hot Springs, Va., in June, 1926; the present volume, in addition to the papers read and the discussion thereon, includes some features of more than domestic interest in
the minutes of the proceedings. The reports of several special committees were presented. The committee appointed to investigate and revise the classification of certain retinal conditions made a final report recommending that the term "retinoblastoma be hereafter used to designate the tumours heretofore designated as glioma of the retina, gliosarcoma, medullary cancer of the retina, neuro-epithelioma retinae, etc." This term was suggested by Verhoeff as fitting in with every known fact regarding such tumours. The committee made no recommendation as to the nomenclature of the chronic degenerative condition known as gliosis retinae (v. Hippel's disease) as they did not consider that the present state of our knowledge warranted them in deciding on the pathology of this disease.

In discussing the appointment of a committee to consider questions relating to optometry Dr. Edward Jackson pointed out that in America there were three bodies that might be regarded as nationally representing ophthalmology—the Section on Ophthalmology of the American Medical Association, the American Academy of Ophthalmology and Oto-Laryngology, and the American Ophthalmological Society. He considered that America even more than Great Britain was in need of some representative body such as the Council of British Ophthalmologists. No immediate steps, however, were taken to constitute such a body.

The proceedings closed with a pious resolution declaring that the Society heartily approved of legislation which will tend to lessen hereditary blindness. We propose to give abstracts of the more important papers at a later date.


This book aims at gathering together the facts concerning the treatment of certain affections of the eye, ear, nose, and throat by means of electro-physical agents. The first section deals with these agents, which are enumerated as follows:—The galvanic current, high frequency currents-diathermy, the sinusoidal current, radiant heat-light, ultra-violet light and X-rays. In the treatment of ophthalmic conditions, which forms the second section, short accounts of the treatment of diseases of the lids and conjunctiva and lacrymal apparatus, the cornea, uveal tract and retina, such optic nerve conditions as atrophy and neuritis, vitreous opacities, cataract and glaucoma are given.

We gather that radiant heat-light is, as an adjuvant, valuable in the treatment of such diseases as hordeolum, eczema of the skin of the lids, acute simple conjunctivitis; and that ultra-violet light is of
use in the treatment of chronic conjunctivitis, and "by compression" in cases of chalazion.

The authors hold that "no medicinal treatment is effectual against cataract, but the electrical currents hold out some hope in selected cases." As cataract from electric shock is well known, we suppose that the treatment of cataract by electricity must be undertaken with caution; treatment is said to be prolonged and the results "successful in some incipient cases." In this journal we have expressed our opinion that the "cure of cataract without operation" is an unjustifiable assumption in the present state of our knowledge, and we will leave the subject at that.

The rest of the book does not immediately concern ophthalmic surgeons who practise in this country.

CORRESPONDENCE

PROPTOSIS IN A NEW BORN CHILD

To the Editor of The British Journal of Ophthalmology

SIR,—With regard to the references to proptosis in the March number of the Brit. Jl. of Ophthal., p. 141 the following cases should be added to those mentioned.

Berger (Maladies des Yeux, p. 258), quotes a case, seen by Steinheim, in which the ocular muscles were torn by forceps at birth. Purulent keratitis followed with perforation of the cornea. The child died from meningitis in eight days and at the autopsy a fracture of the vault of the orbit was discovered.

Hoffmann is quoted in the same book with respect to an infant delivered by instruments, in which the eye was completely outside the orbit and attached to it only by a fragment. In another case Spaeth, of Vienna, saw a child in which after the use of forceps both eyes were torn.

Fage, of Amiens, refers to a case of Bock's (Central. für prakt. Augenheilk., 1902), in which a face presentation was mistaken for a breech, and the accoucheur passed his finger into the orbit thinking it was the anus, intending to pull the foetus. A dislocated eye resulted followed by panophthalmitis.

In Fage's case the left eye of a female child was completely displaced from the socket after a normal confinement. The day preceding the birth the woman had been struck severely on the lower part of the abdomen by the shaft of a cart. The eye was replaced in the orbit and the lids sewn together. The eye became