
The author's aim in writing this book is to present to students of medicine a description of the anatomy of the nervous system, central and peripheral, with especial reference to the sympathetic system, in accordance with the most recent research. As it is now acknowledged that division of the nervous structures into two systems, which the old anatomical nomenclature of "cerebro-spinal" and "sympathetic" emphasized, is erroneous, it is essential that the complete unity of the two systems and their constant interaction should be recognized and taught. The researches of Langley, Gaskell, and Guillaume are mainly responsible for the modern conception of that portion of the nervous mechanism known as the sympathetic or "involuntary" (Gaskell's term) nervous system. French writers apply the term "système nerveux de la vie de relation" to the voluntary nervous system, and "système nerveux de la vie végétative" to the involuntary nervous system. The volume, which appears to represent Professor Gilis's University Course of Instruction on the nervous system, contains an introductory section on the development of the brain and spinal cord including histogenesis. Following this is Part I: the voluntary nervous system, sensory and motor, central and peripheral. In this part will be found a few pages on "clinical deductions" in which are contained the anatomical explanations of certain well-known clinical manifestations, e.g., the Brown-Séquard syndrome. Part II: the involuntary nervous system (sympathetic) with sub-headings; the great sympathetic; the parasympathetic; including the sensory, motor, and secretory nerve centres and peripheral distribution. Part III contains a section on the involuntary nerve connections of the eyeball and orbit, with an instructive diagram of the irido-dilator supply from the great sympathetic system.

The book is commendable from every point of view. The author writes well and explicitly on a subject easily made complex by lack of clarity. The illustrations with one exception, are diagrammatic; they are agreeably uncomplicated and very helpful. Paper and type are both good. Students familiar with the French tongue will gain much from a perusal of this book.
Les syndromes hémianopsiques dans le ramollissement cérébral.  
By Dr. SUZANNE SCHIFF-WERTHEIMER. 160 pages with 38 figures in the text and 2 coloured plates. Paris: Gaston Doin et Cie. Prix 22 francs.

The first portion of this book deals with the anatomy of the visual pathways from the chiasma to the cortex and with their blood supply. This is followed by a short account of methods of examination in which the author emphasizes the sparing of the macular region which is such a notable feature in hemianopia due to vascular lesions. She also mentions an investigation she has made into the “gnosic” field or field of recognition of objects. Various objects were tried and playing cards were found to be the most satisfactory. The limits of the gnosic field were found to be between the normal limits for blue and red fields. The rest of the book is devoted to a detailed description of the syndromes associated with blockage of the posterior cerebral, middle cerebral, and anterior choroidal arteries respectively. Hemianopia occurs in all three but the distinguishing characteristics are briefly as follow:

1. The posterior cerebral: the thalamic syndrome is present, and if the lesion is in the left hemisphere, there is also aphasia and often alexia. Quadrantic losses of field are particularly common in lesions of this vessel.

2. The middle cerebral: the hemianopia is due to a lesion of the optic radiations, and the accompanying symptoms vary according to the degree of involvement of the vessel or its branches. When only the deep branch is involved, hemianopia is usually absent.

3. The anterior choroidal artery: the syndrome is rare, but well differentiated. It comprises homonymous hemianopia, hemiplegia, and hypoaesthesia without aphasia, and without coma at the onset.

An account is given of fourteen cases of vascular lesions producing hemianopia, and the book concludes with a summary of the main points brought out in the text.

The author is to be congratulated on a useful piece of work in bringing together a series of observations which will be of interest not only to ophthalmologists, but also to neurologists and general physicians.


The late Dr. Paul Gouzien has an article dealing with the danger to France caused by trachomatous immigrants. He reports that a Government order has now been issued providing that all foreign workmen, of whom there are a large number entering annually, shall be medically examined before admission into the country. The author points out the importance of making a
special examination of the everted lids of each immigrant, in view of the fact that trachoma is a notifiable disease in France.

Professor Tchirkovsky, the Director of the new Trachoma Institute at Kazan, Russia, points out the enormously heavy infection with trachoma of the inhabitants of the Volga region, reaching in some places 95 per cent. of the population. He rejoices that the admirable travelling ophthalmic hospitals, started by Professor Bellarminoff under the old régime in Russia, are being again commissioned, after having been stopped since the revolution. It may be remembered that these hospitals served as a model for the creation of the first of the Egyptian Travelling Ophthalmic Hospitals, at the suggestion of Dr. Osborne of Alexandria.

Dr. Zachert contributes an article on the strife against trachoma at Cracow in Poland, giving details of the excellent work carried on there. Dr. Elena Puscariu, who has, evidently, had great experience in the treatment of trachoma at Jassy, Roumania, states that all cases of trachoma require daily cauterization of the palpebral conjunctiva with copper sulphate stick or other drug, for fifteen to seventy days, after the preliminary mechanical treatment has been carried out.

Report of the Government Ophthalmic Hospital, Madras, 1926.


The main features of these valuable reports are well known to our readers; the present report maintains the high standard set in previous years. The appointment for one year of an honorary surgeon, instituted last year, was continued in the person of Captain V. D. Nimkar. During the year Dr. A. S. Green of San Francisco visited the hospital and demonstrated his method of intracapsular extraction of cataract. There was an increase in the total number of cataract cases dealt with during the year. 1,364 cataracts were removed with capsulotomy; there were three Smith’s operations; five Barraquer’s, and sixteen by Green’s method. During the year a bacteriological investigation of iris tissue removed at the time of performing the iridectomy during routine cataract work was undertaken. There were 44 positive findings out of 205 cultures. Statistical work on the relation of glare to the frequency of cataract was disappointing. Only 96 cases of primary glaucoma were trephined. Cases of secondary glaucoma were excluded from this form of operation.

Details of several interesting cases are given, among which we may note a case of the association of myiasis with chronic degeneration of the cornea, eggs of aphiochaeta scalaris deposited on the
diseased cornea; bilateral lymphoblastoma of the orbit with leukaemia showing cell inclusions; two uncommon orbital tumours; and an interesting sequence of congenital glaucoma in four Hindu males. Illustrations of the more important cases are included.

OBITUARY

ANDREW STANFORD MORTON

The death of Mr. Stanford Morton was noted in our last number. An elder son of the late John Morton, M.D., of the old H.E.I.C.S., he was educated at Edinburgh and University College, London. He qualified M.B.Edin., in 1874, and took the F.R.C.S.Eng., in 1888. His first ophthalmic appointment, so far as we are aware, was that of House Surgeon at Moorfields, where he had as a colleague the late Mr. Marcus Gunn. As Clinical Assistant at Moorfields he served for the extremely long period of sixteen years before he was elected to the staff. Before this he had held the post of Surgeon to the Royal Eye Hospital, Southwark, and at a later date, that of Ophthalmic Surgeon to the Great Northern Hospital, while rather late in life he accepted the post of Ophthalmic Surgeon to the Italian Hospital. He retired from practice in 1920, and went to live at Clifton, where he died on April 11 in his seventy-ninth year.

Morton's fame will last as long as the ophthalmoscope which bears his name endures; since its inception it has never been improved; in fact it is to be doubted whether it is capable of improvement; it has undoubtedly been the best on the market ever since, and we should be surprised to hear of any other being generally used at the present time.

There can be no question that Morton was, in his day, unsurpassed as an operator upon the eye. In particular, his results in cases of conical cornea, in which he had excised a small elliptical piece of the cone, were surprisingly good. For many years he conducted an operative surgery class, and many of those who were his students will remember the infinite trouble he took to improve their operative technique. His best-known work was a small handbook on Refraction of the Eye, which went through several editions; he was a first class draughtsman, as is exemplified by reproductions of several of his beautiful ophthalmoscopic drawings among the coloured plates of the Transactions of the Ophthalmological Society. He did not write much, nor did he take any great part in the meetings of the Ophthalmological Society, of