to stretching of the coats of the eye, but to increasing age and the changes attending it.

THOS. SNOWBALL.


Meyer having been assured that the removal of the middle turbinate bone does no harm to a patient, has performed turbinectomy in order to get a supply of mucous membrane for use in plastic operations, such as for contracted socket. When separated and spread out the mucous membrane available is about an inch and a quarter in diameter. There has been no discomfort or any seeming disadvantage to any of these patients resulting from the removal of the middle turbinate bone. The graft has taken in all. The cosmetic results are far superior, and there is much less discharge than when skin grafts are used.

A. F. MacCALLAN.

BOOK NOTICES


In the preface of this book the author states that "its main function is to serve as a connecting link between the standard text-book and a bulky and cumbersome periodic literature, to point out the trend of modern thought, to give some indication of what should be accepted as reliable and what should be regarded with reserve." The task of writing such a book is not a light one, and to have accomplished it within the compass of 329 pages makes the achievement still greater.

Since in the absence of light we should not see, the author begins with a brief outline of modern views on the nature of light, including in his description the quantum and undulatory theories and the theory of Einstein. He then passes on to the effects of light on the eye. Subsequent chapters deal with physiological optics, embryology, methods of diagnosis, general physiology, circulatory disturbances, glaucoma, cataract, sympathetic ophthalmitis, phototherapy, and regional anaesthesia. In all of them one is struck by the judicious power of selection exercised by the author in gleaning material from the wealth of literature which has recently accumulated round these subjects. His account of the slit-lamp, for example, is short but refers to most of the really important observations which have been made with this instru-
ment, and he reminds us that it is an adjunct to the older methods of examination, but does not displace them. An account is also given of biomicroscopy with ultra-violet light, based largely on the author's own observations, and mention is also made of polarized light, which renders visible the membranes of Descemet and Bowman.

One is apt to consider that ophthalmoscopy with red-free light, is a comparatively modern method of examination, but the author reminds us that more than twenty years ago Mayou called attention to the striking changes seen in the fundus when examined by the mercury vapour lamp. His article appeared in the Transactions of the Ophthalmological Society for 1903 and the lamp was in use at the Central London Ophthalmic Hospital for a period of a year. In spite of the extensive use of arc lamps and colour filters, on the Continent, the mercury vapour lamp is still found to yield the most satisfactory results.

The author's views on the physical chemistry of the aqueous and vitreous are well known to readers of this journal, also his researches on the intra-ocular blood pressure. These subjects receive adequate notice in the volume under review, the account given, forming a useful abstract of his published papers. The concluding section of the book on the neuro-psychological foundations of vision is particularly interesting and has been abstracted from Sir John Parsons' "An Introduction to the Theory of Perception."

The proof reading must have been very carefully done as there are only a few mistakes. On page 268, however, in the account of regional anaesthesia, there is an ambiguous statement as to the strength of adrenaline used with novocaine from which it would appear that the strength was 1 in 1,000 instead of the usual 1 in 10,000 and on page 224, reference is made to myotonia atrophica, a disease which is usually described now as dystrophia myotonica.

In conclusion one may say that this is a book which will be read with profit by any ophthalmic surgeon, since however wide his reading may have been it is doubtful if it will have explored all the ground scheduled by the volume; moreover, superfluous matter is eliminated, adequate criticism is supplied and useful references are given.


The present volume does not differ in arrangement from its immediate predecessor (noticed in this journal, Vol. X, p. 670, 1926) and is, as was that volume, compiled from the references
in "current literature" lists of the American Journal of Ophthalmology.

We regret to find that the editor anticipates that no further volumes will be issued on account of the inadequate support that the work has received. A joint committee of American Ophthalmological Societies issued a circular letter to some 2,000 ophthalmic surgeons asking for information as to the extent to which they had found the volume of use and the support they would be willing to provide. Only ten per cent. replied, so that, in spite of the generous support of an enthusiastic view, it seems unlikely that it will be found possible to continue the publication of the work. We understand, however, that the bulk of the information contained in the Year Book will continue to appear in the journal, though not arranged in the same accessible manner as is possible in a yearly volume.

OBITUARY

GEORGE COWELL

The death of Mr. Cowell in his 92nd year on November 17, 1927, is truly the break of a link in the history of ophthalmology, for he was the last, in London at any rate, of the band of those who, like Hutchinson and the elder Critchett, were general surgeons in the first place and ophthalmologists in the second.

He was born in 1836, the son of George Kersey Cowell, Surgeon, of Ipswich and was apprenticed according to the usual rules of medical education prevalent at the time to a surgeon in Birmingham; on account of this he entered St. George's Hospital, London, at a later age than most of his fellow students. His name occurs on the pupils' register of St. George's in 1861; the last entry of that year. He was, as a matter of fact a post-graduate student, for he had taken the ordinary double qualification of the day in 1858. He was house surgeon to the West London Hospital, and proceeded to the F.R.C.S. in 1867. At the time of his death he was the second senior of the Fellows taken in chronological order.

Almost at once he was elected assistant surgeon to the Westminster Hospital and surgeon to the Royal Westminster Ophthalmic Hospital. He served each institution for twenty-five years, before retiring in 1896. He was also surgeon to the Victoria Hospital for Children for nearly twenty years and ophthalmic surgeon to the East London Hospital for Children, Shadwell.

But it is chiefly by his work with Dr. Barnardo on behalf of