
No one now expects that the introduction of "scientific" desks will abolish myopia, and even text-books do not consider it necessary to illustrate those terrible face-rests which aimed at preventing too close an approach to the work. It is therefore all the more interesting to see that the London County Council is now experimenting with tables and chairs instead of desks. There seems to be a revolt against desks altogether which is gradually gathering head. Whether this represents progress or merely another swing of the pendulum remains to be seen.

During the year 1927 no fewer than 28,726 children were prescribed glasses under the Council's scheme for treatment; the magnitude of these figures illustrates the extent to which the school medical service of the Council is operative. It would appear that, in the opinion of the Council, the myopia schools have vindicated their existence to such an extent that it was felt advisable to arrange special classes in secondary schools where the special regulations for the care of myopes can be observed.

A most interesting feature of the report is the work of Dr. Elizabeth McVail on the progress of myopia in pupils who had attended myopia classes for over three years. Out of 104 children investigated, 27 showed a definite family history in the sense that either one of the parents was myopic or that a brother or sister had attended or was still attending at a myopic school. A peculiar feature was that in some families (though not in all) myopic children tended to be closely associated as regards their numerical position in the family. A genetic factor operating in such families is suggested. A striking result is obtained in her analysis of the physical condition of these 104 myopic children. It appears that the percentage of under-nourished children is about two and a half times as great amongst them as compared with the ordinary school population; and, furthermore, while the condition of the teeth differs but little from that of normal children, infected tonsils seem to have been present or were present at the time of examination in about 50 per cent. of the myopes. This represents an incidence probably four or five times as great as that occurring in non-myopic children. The importance of septic tonsils in progressive myopia is also seen from the fact that in this series more cases with marked progression yielded a definitely higher percentage of cases where tonsillectomy was indicated. "In 68 per cent. of cases tonsils and adenoids were
a factor possibly operative in the increase of myopia during the period spent at the sight-saving classes."

No one who has considered the subject will need convincing that myopia does not represent an exaggeration of the normal growth of the eye. The development of the myopic eye is such a vastly different thing from the almost stationary nature of the hypermetropic eye that it is quite probable that the onset of myopia and its progression represents a definite pathological process. How far that process may be regarded as an expression of focal sepsis is a problem well worth consideration. Incidentally such a view holds out some hope of controlling an affection that is almost as elusive to-day as it was fifty years ago.


The pioneer work of Birch-Hirschfeld in the experimental investigation of the effect of radiant energy of all kinds upon the eye and the therapeutic application of these experimental results in ophthalmological diseases is well known. Of recent years at his clinic at Königsberg treatment by ultra-violet light has become a routine in many diseases, and it is a matter of congratulation that, in association with his assistant, Dr. Hoffmann, he has gathered the results of his experience into a small monograph. The first few chapters are devoted to a rapid summary of our knowledge of physics and the physiological, biological and pathological action of light, the technique to be employed in radiation, and the applicability of light treatment in ophthalmic diseases. The book is almost wholly concerned with the application of light to the eye locally, and prominence is given to the author's own type of lamp where the source of light is a carbon arc. The clinical applications of such treatment are largely limited to the outer structures of the eye, but in these extremely good results can be obtained. The list of diseases which can be treated with benefit are: those of the lids—eczema, blepharitis, lupus; of the conjunctiva—conjunctivitis, tuberculous conjunctivitis, trachoma; and of the cornea—herpes, phlyctenular disease, marginal ulcer, ulcer serpens, and most other types of ulcer, pannus, deep keratitis; of the sclerotic—episcleritis; while its employment is suggested in infected wounds of the cornea and sclerotic, and to help to alleviate corneal scars. The disease which has been found to respond to local radiation most satisfactorily is (pneumococcal) hypopyon ulcer: the statistics of the clinic show that up to 1924, 281 such cases were treated, of which 189 were severe, 72 were of moderate severity, while 20 were mild. Of these
only 24 cases progressed to excision, 22 of the first group, and 2 of
the second, a percentage of 8.5. In a later series (1927) of 190
cases, the percentage of excised eyes was reduced to 4.6. These
results would seem to justify the authors' claim that radiation is
the treatment of choice in such cases. The book is an important
exposition of a relatively new and little known branch of ophthal-
mological therapeutics, and is valuable, not only because of the
authoritative information which it contains, but also for the lack of
bias in the opinions which it expresses.

CORRESPONDENCE

A CASE OF FUNCTIONAL BLINDNESS

To the Editor of The British Journal of Ophthalmology.

SIR,—I shall feel much obliged if you will kindly give some space
in your valued journal to the following case which I am sure would
be of great interest to the medical practitioner in general and the
ophthalmologist in particular.

On April 6, 1928, when I was working in my consulting room, I
got a telephone message to the effect that a young man soon after
coming from the church got suddenly blind and that I should see
him immediately. I asked his relatives to bring him to the office
and within half an hour he was there.

He is a clerk, of healthy appearance, and 26 years of age.

Family history:—Father alive, aged 51 years. Mother died of
heart failure when the patient was 2 years old. No brothers. One
sister from stepmother, 14 years old and healthy.

Habits:—Fairly active, smokes 25 cigarettes a day, a teetotaller,
eats meat in fair quantities and is fond of reading a lot particularly
at night.

Physical examination:—The patient when he entered my room
was brought by the aid of two individuals and was completely blind.

He had not even perception of light as he failed to appreciate a
strong electric light which was in front of him. On examination
nothing abnormal was found on inspecting the anterior parts of the
eyes, and the fundus, as far as could be seen with the undilated
pupil, was normal.

I put in half per cent. of atropine before making another
examination and engaged him in conversation and found tremors of