Twenty-one eyes have been treated on these lines during the past two and a half years, the tension being estimated by the tonometer. The stages of the operation are illustrated by three pictures.

R.R.J.


(5) Jervey describes a new and interesting operation for the relief of all forms of glaucoma except those with a deep anterior chamber. His object is to free the angle of the anterior chamber, and the technique is as follows: The conjunctiva is dissected down to the limbus as in the first step of trephining. A small, very sharp, belly-edged scalpel is then used to make an incision through the sclera, 3-5 mm. long, parallel with the limbus and 2.5 mm. above it. The incision is made by repeated strokes downward on the sclera. A bent iris repositor is inserted through the wound and insinuated between the sclera and iris base until its point is seen in the anterior chamber, when it is worked gently from side to side. The uveal tissue is now cut through along the line of the scleral incision by puncture and upward cutting with a cataract knife. A small bent blunt hook is then passed along the posterior surface of the iris, hugging it closely so as to avoid trauma to the lens capsule and when the hook presents in the pupillary area, it is made to engage the edge of the iris, which can be withdrawn upwards for performance of iridectomy. The conjunctival flap is replaced with two sutures. The author has so far performed the operation on 18-20 cases in the last five years. He gives no details of results, but he states that on the whole they have been more satisfactory than those obtained by any other method.

F. A. Williamson-Noble.
in Jerusalem and with the technical advice and supervision of Dr. Strathearn, the head of the Order's Ophthalmic Hospital in Jerusalem, a number of Government Ophthalmic Clinics were established in various parts of the country. Government Medical Officers after some training were put in part-time charge of the six clinics. A trained nurse was attached to each to carry out ophthalmic work in the neighbouring schools, and with the personnel and material available the results have been very satisfactory. Nevertheless in the schools 62 per cent. of the pupils show signs of trachoma.

**Thirteenth Annual Report of the Ophthalmic Section, Department of Public Health, Egypt, 1924-1925.**

These reports, though somewhat belated, show that progress is maintained in the ophthalmic amelioration of Egypt. There are now 21 permanent hospitals in buildings, and 8 travelling hospitals under canvas. At each hospital there are usually two surgeons who are engaged exclusively in ophthalmic work.

Nearly a quarter of a million new patients are treated annually, of whom about half require operation either major or minor. More than three thousand cases of primary glaucoma were seen; there were also 4,645 cases of secondary glaucoma.

More than 25,000 patients came for treatment in 1925 who were blind in one or both eyes. Nevertheless the percentage of blindness among out-patients is now only about 10 per cent. as compared with about 15 per cent. in 1909.

For many years ophthalmic treatment has been carried out daily at the Government Primary Schools. In 1925 more than 8,000 pupils were examined of whom 91 per cent. exhibited signs of active or healed trachoma. As the result of continued treatment during the school year the worst cases (MacCallan's Stages of Trachoma 1 and 2) were reduced from 23 per cent. to 5 per cent.

**Bulletin of the Ophthalmological Society of Egypt.** Vol. XX, 1927.

The Ophthalmological Society of Egypt has now 110 ordinary members of whom 72 were present at the Annual Meeting. The *Bulletin* contains the papers read and extends to 220 pages. It is embellished by many admirable drawings, some of them coloured, which have been carried out by Dr. Haig, the pathologist of the Giza Memorial Ophthalmic Laboratory, for several authors. Papers by Meyerhof and Osborne on the History of Ophthalmology in Egypt were the subject of an article in the *British Journal of Ophthalmology* for December, 1927. This subject is brought up to date by Mazni, the present Director of the Egyptian Government
Ophthalmic Hospitals, who states that there are now 11 travelling hospitals and 23 permanent hospitals at work. He pays a graceful tribute to his predecessor, MacCallan, whose pupils in ophthalmology the majority present at the meeting had been.

Several of the papers have been abstracted for these columns; among others which do not lend themselves to abstraction are several by Sobhy. In one of them he reports a case of interstitial keratitis following an operation for primary chronic glaucoma; and in another a case of acute primary glaucoma in one eye associated with secondary glaucoma in the other due to thrombosis of the central vein. Galal Aboul Seoud reported 20 cases of uniocular trachoma. Y. Barrada reported two cases of the peroneal type of muscular atrophy associated with optic atrophy, in a brother and sister. Peretz has an interesting article on injuries to the eye in soda-water manufactories. M. A. Barrada gives the pathological report on a case of cystic globe.

Transactions of the American Ophthalmological Society.

This volume of the Transactions of the American Ophthalmological Society is of exceptional interest. We would draw attention specially to Bedell's paper on macular holes with the accompanying photographs taken with the Nordenson camera and to the interesting and well-illustrated papers on Angioid Streaks by Holloway and Calhoun. We hope to publish extracts of the papers at a later date.

Amongst the obituary notices is one devoted to Dr. W. M. Sweet, whose name is familiar to most of us in connection with his work on the localization and treatment of intra-ocular foreign bodies.

The Committee on the Ophthalmic Year Book publish their report. In this they state that "if a large number of those immediately benefited would be willing to make some personal sacrifice to continue the publication, it was felt that an appeal to the Trustees of the Foundations would have at least a respectful hearing." They consider that if ophthalmologists will subscribe about 10,000 dollars a year for the next five years, or will subscribe 100,000 dollars to an endowment fund, the future of the Year Book will be assured.