BOOK NOTICES


This is the third monograph on trachoma by French authors to be reviewed in these columns within a period of six months. As a means of getting an insight into this kaleidoscopic disease it cannot be compared with the book by Morax and Petit, or that by Cuenod and Nataf. These two books have entirely superseded previous publications on trachoma in any language. The authors append a long bibliography but show little evidence of having consulted many of the volumes detailed therein.

The "ocelles limbiques" described by Bonnet in 1927 were first fully studied by Herbert and printed in the Trans. Ophthal. Soc. U.K. 23 years before the French publication, since when their importance as the corneal manifestation of trachoma, has been recognized, while the depressions they leave after scarring are known as "Herbert's peripheral pits" wherever trachoma is rife and the history of trachoma is studied.

The authors do not agree that the existence of trachomatous infiltration of the lacrimal sac has been established, but they do not refer to the demonstration at the Oxford Ophthalmological Congress of five microscopical sections of lacrimal sacs excised from different patients with dacryocystitis, each showing trachoma follicles, and one hyaline degeneration (MacCallan and Sobhy, Trans. Ophthal. Soc. U.K., 1922, p. 280).

The chapter on the prophylaxis of trachoma is a valuable one: the importance of this subject can hardly be realized by ophthalmologists who live in countries where there is no trachoma problem.

The section on treatment naturally describes in detail the method of using diathermy which was introduced by Worms in 1924. The general opinion about this method of treatment is that it is highly experimental and should in no case be applied by any one who is not a specialist in electro-therapeutics.

The section on operations for trichiasis and entropion does not describe van Millingen's grafting operation, nor Saunders's combined excision of tarsus and conjunctiva both of which are essential to have at command in a trachomatous country, as well as the operation first performed by Streatfeild at the Royal London Ophthalmic Hospital in 1857, at a time when its reputed author, Snellen, had not as yet specialized in ophthalmology.
Government Ophthalmic Hospital, Madras, Report for 1929.


This hospital contains 170 beds and ministers to about 290 old and new out-patients per day. The cataract extraction operations performed numbered 1,675, and the operations for glaucoma were 188. The number of trachoma cases seen was 763, of which only 15 required some form of minor operation; while entropion, the common sequela of trachoma, only required operation in 36 cases.

In cataract operations, the author of the Report, Lieut-Col. Wright, obtains akinesis by the injection of novocaine and adrenalin into the stylo-mastoid foramen to block the seventh nerve.

He advocates the use of adrenalin in the preliminary treatment of bad cases of glaucoma. He states that he obtains a slow fall of tension after some hours of continuous application of adrenalin. This is preceded by an increase of tension and dilatation of the pupil. This first effect was noted in the Trans. Ophthal. Soc., Vol. XXIII, 1903, pages 374—384, by MacCallan, who seems to have thought that in acute and sub-acute glaucoma adrenalin should be used with caution and only in combination with miotics.

An epidemic of superficial punctate keratitis again occurred in 1929, its maximum severity being in the months of September and October. An article on the clinical manifestations of this condition by Wright appeared in the June number of this Journal.

The most serious cause of preventable blindness among children in Madras is keratomalacia. Radium treatment of trachoma and of spring catarrh was found to be of no value.


It was Mark Twain who observed that when the literary German dives into a sentence, that is the last one is going to see of him till he emerges on the other side of the Atlantic with his verb in his mouth. Those who are acquainted with the stupendous Graefe-Saemisch Handbuch know that the ophthalmological German loves swimming in deep and baffling waters, no less than does his literary brother. Birch-Hirschfeld has emerged from the orbit into which he plunged 25 years ago; the first section of his monograph on the diseases of the orbit appeared in 1907 and
the last has just come through. In a concluding remark the
author finds it necessary to apologize for the incompleteness of his
book of 1,048 closely printed pages, and to explain why there
are so many gaps. It must be admitted that the explanations are
more convincing than the demonstration of the existence of these
gaps.

About a quarter of the book is devoted to changes in the position
of the globe within the orbit. The different varieties of
enophthalmos are discussed as painstakingly as the more common
conditions associated with exophthalmos, pulsating exophthalmos
not being considered, for a special monograph of over 250 pages
is devoted to it. The section on enophthalmos, apart from
surveying the literature on the subject, probably constitutes a
complete abstract of all the published cases, set out in tabular
form. The second 250 pages deal with inflammations of the orbit;
orbital oedema, pseudo-tumours of the orbit, cavernous sinus
thrombosis, as far as it involves the orbit, also being considered.
Cysts, teratomata, the innocent and malignant tumours of the
orbit take up another 250 pages. Shorter sections are 115 pages
devoted to injuries, 20 pages to parasitic infections and 32 pages
to haemorrhages in the orbit.

Of the completeness and defects of a book on such a scale it is
hardly likely that anyone apart from the author can judge
effectively. That it constitutes more an abstract of the existing
literature on the subject than a unifying survey is admitted by the
author, whose apology consists of the statement that our knowledge
of orbital affections is clinical and fragmentary rather than
pathologically complete. The defects of the book are, therefore,
inherent in the subject, and if its information is at times a burden
on the memory rather than an illumination of the mind, the blame
can hardly be put on the author, who indeed, has put all
ophthalmologists in his debt. No doubt the book has faults, but
"beauty that makes holy heaven and air, may have faults
from head to feet."

Sattler's monograph on Pulsating Exophthalmos, published in
1920, is an appendix to Birch-Hirschfeld's book. Sattler deals as
exhaustively with his subject, but in addition to constituting a
complete survey of the subject, his monograph is also a critical
treatise. Apart from distinguishing between the traumatic and
idiopathic varieties, a clear distinction is also drawn for those
cases of exophthalmos in which the pulsation is true, "false,"
intermittent or doubtful, each falling into a clearly defined group.
Attention is drawn to those rare cases of traumatic pulsating
exophthalmos where post-mortem examination reveals no obvious
cause, and to the contrary group in which, though there is rupture
of the carotid artery into the cavernous sinus, there is no pulsating
exophthalmos. Especially valuable is the section dealing with the treatment of these conditions; the stress laid on ligature of the superior ophthalmic vein has received much support by publications since 1920.

In the innumerable bibliographies the names of English authorities and journals are too frequently misspelt.


Hanke's book is one of a series of monographs on subjects of interest to general practitioners. The author of a book on the differential diagnosis of the more important eye conditions, is therefore under the disadvantage of speaking on highly technical subjects to a relatively uninitiated audience, and it must be allowed that he has creditably performed a difficult and thankless task. The appendix on the prescribing of glasses is particularly well done.

Some of the information in this little book is rather out of the ordinary. It is of interest to learn that sausage poisoning is a cause of absolute rigidity of the pupil, but it is bewildering to be told of 12 possible causes of a spot on the lids; the reviewer found is quite a task to remember only 11.

CORRESPONDENCE

We have received the following communication from the Honorary Secretary of the Midland Ophthalmological Society.

At the Annual Meeting of the Midland Ophthalmological Society held at Birmingham on October 7 the following resolution was carried unanimously: "The Members of the Midland Ophthalmological Society most emphatically repudiate the suggestion made in a paper published in the September number of The British Journal of Ophthalmology that 'It is impossible for a busy British oculist to spend so much of his time in quest of a hole.' They are prepared before performing a Gonin operation to spend as much time as is necessary to find the hole."

We would remind our readers that The British Journal of Ophthalmology, in common, we believe, with most other journals, does not accept responsibility for the opinions expressed by authors of original communications.

We have no doubt ourselves that British surgeons are always ready to devote as much time to any case as the interests of the patient demand.

Editors.