

a practically blind fellow eye. The better eye shares the improvement in tension that the operation achieves in the worse eye; tonometric measurements clearly bring out the more regular variations in tension in both eyes as a result of an apparently needless operation.

“Tonometric measurements will become as indispensable in the treatment of glaucoma as the taking of the bodily temperature is in infectious diseases.”

ARNOLD SORSBY.

BOOK NOTICES

Handbuch der speziellen pathologischen Anatomie und Histologie. Auge. Erster Teil. *Editor:* K. Wessely. *Contributors:* G. Abelsdorf, A. Elschmig, S. Ginsburg, R. Greeff, E. v. Hippel, W. Löhlein, F. Schieck. Berlin: Julius Springer. 628 illustrations. Pp. 1,042.

Two volumes of this System of Pathology are to be devoted to the pathological anatomy of the eye, and the book under review is the first of these. It comprises sections dealing with the conjunctiva, the cornea, the uveal tract, the retina, the optic nerve, the vitreous and glaucoma respectively, for each of which a different author is responsible. With trifling variations a similar arrangement of the subject matter is followed by each, a division of the material into subsections on a partly anatomical basis and a partly clinical one, having been adopted.

As the title implies, histological pathology is mainly dealt with, but some theoretical questions are briefly discussed—for example, the causes of retinal detachment and of glaucoma.

Bacteriology is included where its discussion is appropriate, and in some instances technical advice is given as to the best method of preparing the tissue under discussion for examination, while each of the first six sections opens with a description of the normal histology of that particular part of the eye. Slit-lamp observations are briefly referred to here and there, but the correlation of slit-lamp and microscopic findings is not a feature of the book.

At the end of each section a full bibliography is appended, and the general index leaves nothing to be desired in completeness. The illustrations are numerous and excellent; the great majority of these are reproduced from drawings, many of them coloured, and there are also a few microphotographs.

The actual text consists of a series of short résumés of the work of different authors of all nationalities (up to 1925 inclusive) the name of each being mentioned, and these résumés are interspersed

with introductory and descriptive remarks by the writers of the respective sections.

This treatise is the first work of its size and importance on the pathology of the eye which has appeared in any language for some years. It is in no sense a text book, but is essentially a work of reference, and in this capacity should prove especially useful, correlating as it does the results of histological research up to so comparatively recent a date.*

R. Clinica Oculistica di Roma, Diretta dal Prof. Q. di Marzio. Saggi di Oftalmologia. Vol. V. Anno 1929. Roma: Tipografia Poliglotta. Via Banchi Vecchi 12. Pp. 656.

This large and well printed volume corresponds to the English "Reports." The "samples" (saggi) cover subjects of all kind from radiotherapy to anisometropia. Many are of considerable interest and value. The paper by Neuschuler "On the behaviour of Descemet's membrane in trauma and inflammation" is a good attempt at systematising our knowledge of an obscure condition.

There is a short summary in English at the end of each article. Generally this gives the author's meaning well, but in one case (the paper of G. Caso on "Cylindroma of the supraciliary region") the summary states exactly the contrary of the author's intention. The tumour is a benign one "per mancanza di recidiva" etc.; in the summary "the case presented recurrence in a young subject": clearly a mistake for "occurrence."

Diseases of the Eye. MAY & WORTH. Sixth Edition. Pp. 475, with 22 plates. London: Baillière, Tindal & Cox. 1930. Price, 15s.

The authors have endeavoured to present a concise, practical and systematic manual of diseases of the eye intended for general practitioners and students. The book has been carefully revised but certain new methods of treatment, some of which may not survive the test of experience, are not discussed.

Mr. T. Harrison Butler has contributed a chapter on the slit-lamp and corneal microscope, and Mr. S. H. Browning has written an account of vaccine therapy in ophthalmology.

The first part of the book is devoted to a description of the methods of examination of the eye. The anatomy, physiology and pathology of each of the ocular structures is described seriatim. The chapters dealing with squint are extracts from "Squint: its causes, pathology, and treatment," by Claud Worth, sixth edition. These are particularly well written.

* On account of the importance of this book the opportunity was taken to review a purchased copy. The price paid for it was £13 8s., which we regard as an exorbitant price for a book of this kind.—EDITORS.

At the end of the book there is a chapter devoted to the ocular manifestations of general diseases, and another to ocular therapeutics, in which prescriptions of lotions, ointments, and other medicaments, are given in full.

The final chapter states the visual requirements for British and Indian Public Services.

There are many points of practical interest in this book which will meet the requirements of the general practitioner and the student.

CORRESPONDENCE

PROPTOSIS, PROTHESIS AND PROSTHESIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—It is very noticeable that a number of people, some teachers included, pronounce the word proptosis as if the two syllables were “prop” and “tosis.” The word is, of course, “pro” and “ptosis,” a falling forwards.

Then “prothesis” is a curious word. We use it commonly enough, but it is not advisable to employ it to a layman when we mean an artificial eye or a wooden leg, since its main dictionary meaning is “a place in a church on which the elements for the eucharist are put previous to their being placed on the altar.” According to the Imperial Dictionary, “prothesis” has as its primary meaning the ecclesiastical one, and as its secondary meaning the surgical one, whereas “prosthesis” primarily has the surgical meaning and secondarily a philological one, *i.e.*, the adding of one or more letters to the commencement of a word such as *bereft*. It would therefore appear to be correct to refer to an artificial eye as a *prosthesis* rather than a prothesis.

Yours faithfully,

ERNEST THOMSON.

BLINDNESS IN INDIA

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—With reference to Col. Wright’s communication on “Blindness in India” which appears in your April issue, may I request you to publish the following little explanation.