

in the treatment of malignant disease, without in the least affecting the position of the globe. Scarring of the retrobulbar tissue may account for some cases, as rupture of the check ligaments does for others—and both these conditions may be the consequence of an injury which also involves fracture of the orbital walls. Injury to the fifth nerve, and presence of a foreign body in the orbit, ploughing up its tissues, are also discussed.

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## BOOK NOTICES

**Transactions of the Ophthalmological Society of the United Kingdom.** Vol. LI, pp. 667. London: J. & A. Churchill. 1932.

The editors are to be congratulated on the punctual appearance of the 51st volume of *Transactions*, which contains the papers read before the Congress in London, in April, 1931, and those of the affiliated societies.

We hope to notice the more important of these contributions in abstract form in our later numbers.

The society is in a flourishing condition, with 553 ordinary and nine honorary members. Sir George Berry and Sir Arthur Keith have been elected honorary members of the society.

In spite of the heavy expenses incurred by the Jubilee Celebrations, the financial position is sound. This reflects great credit upon the treasurer, Sir Arnold Lawson, and his able coadjutor, Mr. C. J. Anderson.

The volume compares favourably with any and all of its 50 predecessors, and maintains the high standard set by the *Transactions* of this society.

**Annual Report for the Ophthalmic Section, 1930, Department of Public Health, Egypt.** Cairo: Government Press. Price, Ten Piastres.

There are now 46 ophthalmic clinics carried on by the Government of Egypt. Of these, 22 are specially built hospitals, 14 are travelling hospitals, and 10 are ophthalmic departments of general hospitals. This information is not stated clearly in the report, but is obtainable by analysing Table XXII.

More than half a million new patients were seen during the year, the average number of attendances being about seven, although as one sixth of the new patients attend on only one occasion, the average number of attendances for treatment is considerably more for each patient than as stated above. An innovation during the last few years, is that there are two weekly holidays instead of one. It is presumed that these are on Fridays and Sundays, and are designed

to afford leisure for religious observances, and incidentally more time for private practice to both Moslem and Coptic oculists, who as Government servants carry on the clinical and administrative work of the hospitals. It is difficult to believe that two whole day holidays a week for the hospital staffs conduce to the well-being of the patients.

The statistics, both of the work carried out at the hospitals, and at the ophthalmic clinics at the Government Schools, continue to be recorded with a wealth of detail unsurpassed in any other past or present publication. It is of very great importance to continue the annual publication of these statistics, in spite of the considerable expenditure of time and money which they must involve. The cost of the uniform dietary for the in-patients of the 1,000 beds in the various hospitals, works out at an average of sevenpence halfpenny per day. This includes a pound and a quarter of bread, and four ounces of meat, besides vegetables, lentils, rice, milk, butter and sugar. Members of finance committees of London hospitals would be glad if they could satisfy the appetites of the patients in the wards at such a moderate cost.

Operations for primary glaucoma were very numerous, more than a thousand iridectomies and the same number of corneo-scleral trephine operations having been performed. However, trichiasis and entropion resulting from trachoma accounted for the majority of operations, 73,290 in number.

The number of patients who were found to be blind in one or both eyes was 45,534, or 8.4 per cent. of all patients examined at the hospitals. By omitting the factor of blindness resulting from cataract, the percentage becomes 8, instead of 8.4. As there is a possibility that such cataract cases may acquire serviceable vision if a successful operation is performed, it is proposed in future reports to omit them when enumerating the number of blind people. However, at the actual time of examination, such patients are blind for statistical purposes, that is to say they cannot count fingers held up before them at a distance of one metre. The change is proposed under a misapprehension. The author has confused the statistical standard with the standard for signing up cataract cases in England as blind for purposes of pension. It is to be hoped that no change will be made in the data for the next report, as too favourable a position will be shown in comparison with the statistics which have been kept on a uniform standard for the last 22 years.

The pathological causes of blindness are given for 48,286 cases. It is shown that acute ophthalmias account for 80 per cent. of all causes. The gonococcus is still the dominant factor of infection with acute ophthalmias, its percentage to all other microbes being 44.

The report deserves careful consideration by all who are interested in ocular statistics and in causes of blindness.