BOOK NOTICES


This, the final part of the Nettleship Memorial Volume, includes: (a) Anomalies in the size of the eye—anophthalmos, microphthalmos, megalocornea, buphthalmos—and glaucoma. (b) Some anomalies in the development of the iris—aniridia, coloboma iridis. (c) Ectopia lentis.

Dr. Bell has dealt with these subjects with her wonted thoroughness and care. Though the memoir is primarily the study of the inheritance of eye anomalies and eye disease, much interesting matter is included concerning the early history and clinical aspects of such affections.

In the section on aniridia and coloboma iridis Dr. Bell mentions that these two affections were found to be of frequent occurrence in the same pedigree which suggests a common factor in their pathogenesis. Though the occurrence of coloboma iridis is much more frequent than that of aniridia there are more published pedigrees of the latter—57—than of the former which forms a short series of 27. A search into the history of these affections showed that in 1673 Bartholinus described a case of unilateral coloboma of the iris in a son and bilateral coloboma of the iris in his father. In 1834 aniridia is mentioned by Gescheidt who remarks that "this defect has been so rarely observed that physicians doubt its occurrence in any case, and have suggested that when noted it has been mistaken for a very exaggerated mydriasis." The same section includes an account of aniridia and its associated defects. From the available material sex-incidence is found to be the same in both sexes. Aniridia is usually inherited by transmission to an affected individual by a parent who manifests the defect, but this is not invariably the case as "two parents who appear to have normal eyes do occasionally have children with aniridia who themselves transmit the defect."

In coloboma iridis the sex-incidence is the same for both sexes as was found to be the case in aniridia. Transmission of coloboma iridis is most commonly by an affected parent, but 30 per cent. of the 79 cases, whose parentage was known, had parents who were unaffected.
In microphthalmos the associated defects are numerous and those most commonly described concern the lens and iris. In high-grade microphthalmos it is rare to find a case unaccompanied by other gross developmental defect. The associated defect is generally confined to the eyeball and there is little evidence of the occurrence of such abnormalities as hare-lip and cleft palate, or digital anomalies, in association with microphthalmos. There was a total absence of any description of an associated cyst in Dr. Bell's series of cases, and she thinks it probable that the microphthalmic eye with cyst formation is not a hereditary condition. Rarity of the occurrence of glaucoma in the microphthalmic eye is also noted.

It seems strange that to-day when so much is heard of heredity, the pedigrees showing hereditary glaucoma are so few that the material is inadequate for the purposes of a statistical enquiry. The mean age of onset in definitely hereditary cases is 20 years earlier than that for the general series of cases. No fewer than 52.0 per cent. of the 196 hereditary cases occur before the age of 30 years, whilst only 3.6 per cent. of the 3,021 cases occur before the age of 30 years. Either parent is equally potent as a transmitter of the disease, and the parent who transmits the disease is usually himself affected.

Hereditary megalocornea and hereditary buphthalmos have rightly been considered apart in sections by themselves. Megalocornea appears to be transmitted in two different ways. In some pedigrees all affected members are of affected parentage, in other pedigrees the defect is typical relatively sex-limited as it is transmitted for the most part through unaffected females to their sons.

The volume is brought to a conclusion by the consideration of hereditary ectopia lentis with its associated defects such as cataract and corectopia. The condition was most commonly found to be transmitted to an affected individual by a parent who showed the defect.

The contents of the four parts of the work already published are: Part I, Retinitis Pigmentosa and Allied Diseases, Congenital Stationary Night-Blindness, Glioma Retinae. Part II, Colour-Blindness. Part III, Blue Sclerotics and Fragility of Bone. Part IV, Hereditary Optic Atrophy (Leber's Disease).

Dr. Bell is to be congratulated on having completed such a large amount of excellent work as is contained in these five parts of the Nettleship Memorial Volume. All those who are interested in human heredity, and more particularly ophthalmologists, are indebted to her for this valuable work which includes exceedingly useful extensive bibliographies, complete collections of pedigrees of the eye affections dealt with, also plates with pedigree charts and descriptions of the cases, besides many excellent illustrations.

A note from the editor in this last volume cannot be passed over
without some reference. It informs us that with this publication, the twenty-seventh issue of the Eugenics Laboratory Memoir Series, the twelfth fasciculus of the Treasury of Human Inheritance and the concluding Part V of the Nettleship Memorial Volume, the present editor retires from his post. Professor Karl Pearson, who has held the editorship for twenty-six years trusts that his successor in the Galton chair may find it possible to continue the issue of the Treasury.


The author has endeavoured to present ophthalmology to the general practitioner more as a part of general medicine and less as an isolated speciality requiring difficult technical methods of investigation. He has pointed out the resemblance of pathological manifestations in the eye to disease elsewhere in the body and even in the chapter dealing with errors of refraction he has concerned himself more with the general medical characteristics of these conditions than with optical considerations.

He has described, in detail, the treatment of those eye diseases which come within the province of general practice and has given a concise account of those conditions which require the supervision of an ophthalmic surgeon and the equipment of an institution.

Chapters 1, 2, 3, 4, 6, 7, 8 and 9 contain descriptions of the histology, pathology, symptoms, signs, clinical varieties and treatment of diseases of the conjunctiva, cornea and sclera, iris and ciliary body, the lens, the vitreous humour, the choroid, the retina and the optic nerve respectively. Chapter 5 is devoted to glaucoma; Chapter 10 to the extrinsic muscles; Chapter 11 to errors of refraction and Chapter 12 to the eyelids, lacrymal apparatus and orbit.

The classification of clinical types and the descriptions of treatment are up-to-date and good. The appendix contains the materia medica of ophthalmology. The author has executed his task well and the work is arranged in a good order and presented in a lucid style that makes it easy as well as profitable reading for students and those engaged in the general practice of medicine.