
In this handsome volume Mr. James collects and enlarges various historical papers which he has published from time to time and adds others on a number of subjects. Whether he is dealing with the stamps with which the Roman oculists marked their prescribed remedies (Mr. James makes the suggestion that the stamp was impressed on the surface of the ointment) or with the leechdoms and wortcunnings of the Anglo-Saxons, or with the later regular and irregular practitioners whose activities form the subject of the major part of the volume, Mr. James contrives to make the dry bones live.

Mr. James "always likes to think that the shade 'of woad' of, e.g., the Brigantes in the north may have been different from that of the Iceni in East Anglia and from that of Silures on the Welsh March." It is a fact of the present day that the tribes living about Oxford and Winchester, i.e., both north and south of Silchester (which was the headquarters of the Atrebates) cultivate the original shade of woad, while the tribes dwelling in the fen region about Cambridge formerly inhabited by the Iceni, prefer a much lighter shade.

The Middle Ages were generally devoid of brilliant scientists, but England produced one in Roger Bacon, and Mr. James tells us of a second and perhaps greater in his teacher Grosseteste. Bacon's work, based as all good work must be, on experiment, was not recognised properly because his contemporaries were not educated to receive it. Between his time (the thirteenth century) and the eighteenth century the story of ophthalmology has no great name. For the most part its practice was in the hands of irregular practitioners. With the eighteenth century matters improved. In the final papers which are by the late George Coats and are reprinted from the Moorfields Reports, we have a picture of one of the last and perhaps the greatest charlatan whom England ever nursed, the Chevalier Taylor, and his less famous and perhaps less dangerous son. These, no less than the papers which Mr. James has collected, deserved republication in a form more accessible than the periodical in which they first saw light, and the reviewer wishes to express his thanks for a most readable and interesting volume.

The publishers are to be congratulated upon their share of the book.

Professor J. B. S. Haldane, in a short story entitled: "The Gold-Makers," states that "the French remain beautifully oblivious to a lot of work done outside France until everyone says French science is going to the dogs" . . . "at which period some profound and original discovery is made, such as radioactivity or wave mechanics." A more satisfactory refutation of the first part of this statement could hardly be imagined than the volume under review. In it one is taken, so to speak, on a tour round the various schools of ophthalmology with a kindly critic at one's elbow. Lagrange's views are not tainted with partisanship, and after reading his book one feels that the vast literature on tuberculosis of the iris and ciliary body has been successfully correlated, though there is still much which has to be discovered.

The volume consists of three "books," entitled respectively: general condition; diagnosis with an addendum on experimental pathological work, and an atlas of 20 plates some in colour, all beautifully reproduced. The first book is principally histological and describes many interesting cases. The second book contains a good account of the various tests for tuberculosis, all of which are subject to the same criticism, namely, that a very large percentage of otherwise normal human beings have some focus of tuberculous infection. Even the finding of tubercle bacilli in the blood is not conclusive evidence of the nature of an eye infection because, using Löwenstein's technique, two French observers found them in the blood of patients suffering from such diverse diseases as ordinary pneumonia, streptococcal septicaemia and meningo-coccal meningitis. The most reliable test is probably the occurrence of a general reaction in association with a local allergic one in the eye, after the injection of tuberculin.

In the third book the author is largely concerned with differential diagnosis between tuberculosis and syphilis, and he wisely counsels his readers, when in doubt, to give their first thoughts to the latter disease.

Henri Lagrange is to be congratulated upon having performed a signal service to ophthalmology in producing this very useful survey of an important branch of eye work.


The authors' research on thousands of cases of astigmatism has led them and others associated with this work, to recognize the condition which they term bi-astigmatism.
A brief historical survey of astigmatism is given in Chapter 1, and a tribute paid to Young who discovered it in 1801, and to Airy, the Cambridge astronomer, in 1827 who was the first to use a cylindrical lens. There is an appreciation of the work of Donders, Knapp and Javal.

The authors recommend that astigmatic measurements of the anterior surface of the cornea be made by the Javal-Schütz ophthalmometer and the total refraction of the eye estimated by skiascopy and subjective methods. They stress the importance of using the ophthalmometer in routine refraction work and in particular its value in the estimation of astigmatism.

Chapter 4, consisting of 31 pages, is devoted to a series of tables showing the values of sphero-cylinders resulting from the bicylindrical combinations from 0.12 cyl. to 6 cyl. with axes varying from 0° to 90°. The formula on which the reference tables are based is given.

Chapter 2 describes the method of employing these tables, and Chapter 3 gives some practical examples of the diagnosis of bi-astigmatism and the use of the tables in such cases.

This work is a monument to the authors' careful and painstaking investigations, which are particularly evident in the thorough manner in which the tables have been compiled.


In the year under review there were 35 specially-built ophthalmic hospitals and 14 travelling hospitals under canvas at work in Egypt. In this country it has always been possible to perform operations for patients with trichiasis-entropion as out-patients, and 73,401 operations for this condition were carried out during the year, a truly enormous work. However, there are 1,162 beds available for cataracts, glaucomas, corneal ulcers and other conditions. The number of extractions of senile cataract was 1,616. The number of cases of primary glaucoma seen was 5,817, of which 2,123 were subjected to some form of decompression operation.

The statistics of blindness, that is according to Trousseau's definition, inability to count fingers at a distance of one metre, show that this has been diminishing from 19.2 per cent. in 1911 to 7.3 per cent. in 1931. This is a very important and gratifying result for the Egyptian authorities. To give praise to where it is due it is necessary to mention some names. The first is that of His Majesty Fouad who has always taken the greatest interest in the ophthalmic welfare of his country. The second is the Under-Secretary of the Department of Public Health, His
Excellency Shaheen Pacha, under whose supreme direction the ophthalmic organisation rests, while the Director of the Hospitals, Dr. I. H. Bey Maziny carries on with admirable zeal the traditions to which he succeeded.

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—A form of Certification of the Blind has recently come into use. It covers four foolscap pages, and it is probable that every practising ophthalmic surgeon must have met this form. It contains very numerous questions in a laudable endeavour to collect information which will furnish the basis for statistics as to the relative frequency of the causes of blindness.

I have three serious criticisms against this form. (1) In a large number of cases the certifying surgeon is quite ignorant of the previous history of the case he is asked to certify, and is so unable to give the information required. (2) It would take a very long examination—extending over some days—if the questions asked are to be properly answered. (The alternative being “Don’t know.”) (3) Assuming that previous knowledge of the case were available, statistics collected in this method would be very misleading for this one reason—that they would be based only on cases where both eyes were blind, leaving out of count the far more numerous cases with one blind eye. It is evident that these cases must be included.

I suggest that certification should be restricted to the simple statement that the person is or is not blind within the meaning of the Act. This would safeguard the Societies for the Care of the Blind against imposition.

As regards the collection of information, we have the precedent of notification. It could be enacted that blindness occurring in any one eye should be notified by the surgeon under whose care the patient happened to be at the time that the eye was deemed to have become blind. The form for such notification should be carefully drafted, special care being taken to make it as simple as is consistent with obtaining the desired information.

Yours truly,

Arthur Zorab.