produced little deviation from the normal. In amblyopia exanopsia, it was most uncommon to find the light minimum as low in proportion as the visual acuity. This is partly, but not wholly, to be accounted for by eccentric fixation. In albinism and various other congenital defects the increase in the light threshold was proportionate to the loss of visual acuity while in retrobulbar neuritis it was greater. The author's article closes with a short résumé of the findings of others on this subject.

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(5) This article applies to colour photography of the anterior segment of the eye, and Dekking has worked out a simple technique which seems to give satisfactory results. The source of light is a Philips ciné-bulb of 15 volts, 50 ampères. It has a small spherical mirror in front which forms an image of the two filaments between the filaments themselves and has a glass parabolic mirror behind with a focal length of 3 inches and an aperture of 8 inches. The camera works with a stop of 10 and has a "finder camera" above it for focusing, the two forming a single unit with the source of light. The length of exposure is 0.08 second and the magnification obtained is three times. "Agfacolor" plates were found to give satisfactory results.

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**BOOK NOTICES**


The author in his foreword to this work quotes a Chinese proverb "One picture imparts as much information as ten thousand words," and though this may be an exaggeration the 100 pictures in this volume certainly convey a great deal of information. They are beautifully reproduced in colour on a matt surfaced paper, and being 15 cm. in diameter, are sufficiently large to allow the beholder to see all the details. A short account of each case is printed on the page opposite the fundus drawing, giving the diagnosis, clinical and laboratory findings, visual fields, visual acuity and other details. These greatly enhance the value of the drawings, but the descriptions have purposely been kept short, though full details of each case are available at the Johns Hopkins Hospital.
The drawings are all the work of the same artist, Mrs. Burgess, who is to be congratulated on the skill with which she has completed her task. They were made with an electric ophthalmoscope using the direct method and their correctness verified by the use of the Gullstrand and Friedenwald instruments. The subjects consist of various types of normal fundi of white and coloured individuals, a few congenital anomalies and some of the more common fundus lesions. In addition there are fundus drawings of some of the animals commonly used for laboratory purposes (dog, cat, rabbit, guinea-pig, monkey).

The collection of drawings is a valuable one and should be especially useful for teaching purposes; for this reason, it will probably find a place in many reference libraries and in the private libraries of physicians and ophthalmic surgeons.

The justifications for the production of this volume are several. The author reminds us that the older atlases of Frost, Haab and others are becoming difficult to obtain, whereas the number of ophthalmic students is increasing and general medicine and ophthalmology are becoming more closely associated. Also, the older atlases, though excellent in many ways did not show the fine changes which are visible with the more modern type of ophthalmoscope and the accounts they give as to the cause of the lesions depicted are not always accepted nowadays. In this connection it is interesting to note that in the volume under review there are no fewer than 10 plates of choroido-retinitis in which the lesion is attributed to tuberculosis.

In addition to the coloured plates, this work contains an interesting introductory chapter by Dr. Warfield Longcope in which he emphasises the value of the ophthalmoscope to those engaged in general medicine. There is also a chapter by the author on ophthalmoscopic examination wherein he describes the technique to be followed and some of the pitfalls which await the inexperienced tyro. It is to help the student to avoid these that the first eight drawings are concerned with normal types of fundi and a further six, with congenital anomalies.

No expense or trouble would seem to have been spared in the preparation of Wilmer's Atlas of the Fundus Oculi, and it stands as a fitting monument to the fame and erudition of its author.


The problem of the partially sighted child is one which closely concerns ophthalmic surgeons, particularly those in charge of school clinics, and this report will be welcomed as a means of solving, at any rate, some of their difficulties.
The Committee who prepared the report were appointed in December, 1931, and during their deliberations examined 22 oral witnesses, and were assisted by the investigations and memoranda of 35 other witnesses, in addition to various authorities who helped by answering questionnaires or in other ways. Those whose opinions were taken included ophthalmic surgeons of wide experience, directors of education, school medical officers and head teachers of schools for the blind and partially sighted. The information was, therefore, obtained from a wide field and this is reflected in the broadminded, commonsense way in which the report is written. The committee is to be congratulated first on their avoidance of dogmatism where such would appear to be unwarranted, and secondly on their courage in not shirking issues and in giving opinions whenever possible. An example of this is to be found in the summary of their conclusions for the selection of myopes to special schools or classes for the partially sighted, in which the first paragraph states “No hard and fast rules can be laid down, but it is desirable to formulate certain general principles in order to reduce divergences in practice.” This is the spirit in which the report is written. It is as though the authors were saying to themselves the whole time, “Although we have not yet reached finality, we have at any rate obtained some valuable information and this we propose to pass on to you.” All sides of the question are considered; thus, the use of a typewriter would seem at first sight to be an admirable substitute for hand-writing, but the report reminds us that “in present social conditions there are not many children who will have access to typewriters after they leave school” and that the acquisition of any considerable skill in using one might be an inducement in later life to take up the occupation of shorthand typist. The question of the school-leaving age is tackled in the same broadminded fashion. Theoretically, the longer these children stay under special supervision at school, the better for them, but against this is the unfortunate fact that “jobs are harder to obtain at 16 than at 14” so that if normal sighted children are allowed to leave school at the earlier age, the partially sighted child is still further handicapped by being left there another two years—“the partially sighted members of the community must play their part and take their chance in the ordinary workaday world.”

It has already been intimated that this report is of great value to ophthalmic surgeons and the natural corollary that it should be read by them need hardly be emphasized. To the reviewer, however, it has an even wider significance because in its avoidance of fanaticism, its spirit of compromise and of making the best of things as they are, it stands as an example of a peculiarly British quality which is the envy of the rest of the world.