desirable. Up till now it has not been thought advisable to increase the size and in the past it has not always been possible to issue a 64 page number every month. Last year this was done and it is now proposed to issue an 80 page number occasionally. As we have already said the number of original papers in hand seems to warrant this extravagance; and with the first issue of the new year we offer an 80 page number for the first time.

---

**ABSTRACTS**

I.—THERAPEUTICS AND OPERATIONS


(1) Moretti has adopted Poulard's form of artificial vitreous; Mules used spherical masses which were ill-adapted to the sclera after the cornea had been removed and were not infrequently extruded; Poulard has had ellipsoids made with long axis 15 or 17 mm., and the short axis 9 or 11 mm. These fit into the cavity left after removal of the cornea and adjacent sclera, as advised by Mules, and are more easily retained. Poulard at one time kept the cornea intact and found the resulting cavity so large that the stump was unsuitable for Snellen's eyes, and gave it up.

The author has operated in this way for some two years and has had about 75 per cent. successes. He thinks the risk of sympathetic has been greatly exaggerated; he is inclined to think that most, if not all, of the cases recorded were not really sympathetic ophthalmitis. The operation is, in his opinion, to be preferred to either enucleation or evisceration; even in panophthalmitis he has used it successfully, and advises its performance at the earliest possible moment.

Harold Grimsdale.

(2) Bencini (Siena).—Iridencleisis in chronic glaucoma. (Iridencleisis di Holth e glaucoma cronico). Boll. d'Ocul., June, 1938.

(2) The selection of operation in cases of chronic glaucoma is always difficult, and no constant rule can be laid down. The operations most generally selected are those giving a leaking scar, the sclerecto-iridectomy of Lagrange, and trephining of Elliot. The former Bencini dislikes, on account of the large opening in the sclero-cornea. (He does not seem to have tried the more recent forms of Lagrange in which the external wound is much smaller.)
The other method of attack is cyclodialysis, which aims at opening the way from the anterior chamber to the suprachoroidal space. Holth, by leaving a small piece of iris in the wound unreduced, is able to make a scar which allows filtration. His method is to incise the sclera about 1 mm. from the limbus, to draw out a fold of iris and to incise this fold radially; if too much iris protudes, to cut the excess off. When the patient is very nervous, the author has adopted this operation in preference to trephining and has found it successful.

HAROLD GRIMSDALE.

BOOK NOTICES


During the last six years Julianelle has carried out a vast amount of experimental work on the aetiology of trachoma, accounts of which have been published. He has collected these and now presents the first monograph on the aetiology of the disease to be published since that of our regretted friend and colleague, Axenfeld, in 1914.

The mass-infection of some of the continents of the world with trachoma is now beginning to be recognised, but it is insufficiently known that the disease occasionally appears in wealthy families even in England, and when it is impossible to trace its origin.

The subject is therefore of great importance, which in conjunction with the value of Julianelle's book, merits a thorough study of the latter.

Experimental transmission to animals.—In 1905 Morax transferred trachoma from man to one of nine chimpanzees, though he did not publish this until 1911. Hess and Römer reported in 1906 that they had been able to infect two baboons. These experiments have been repeated by others with orang-utan, gibbon, cercopithecus, grivet, guenon, vervet, semnopithecus; macacus, varieties of inus, rhesus, cynomolgus, sinicus and mordax; and the New World monkey, cebus capucinus.

Transmission of trachoma to animals other than monkeys and apes has never been effected.

Trachoma in monkeys and apes lacks the two differential features of human trachoma which are corneal involvement and conjunctival scarring. Within a few days of the inoculation of infectious material, which is done by rubbing, pricking or injection of the conjunctiva, there is slight inflammation and hyperaemia. After a period of a few days to a month follicles appear near the inner canthus and then at the outer canthus, and form