

own observations have always led me to conclude that the Rickettsia-like corpuscles described by Busacca, and later by Cuénod, at any rate those which are not debris, cellular and other, are identical with the inclusion of Halberstaedter and Prowaczek at certain stages of their evolution.

At the present time most trachomatologists believe that we are concerned with a single minute infecting agent, which has characters both of a virus and of a Rickettsia. The culture of this element *in vitro* and the inoculation of susceptible animals, and man also, may allow a precise definition to be made.

ANNOTATION

November 1st, 1914 : 1939

Five and twenty years ago to the day the Germans were responsible for a piece of atrocity of a particularly uncivilised nature. We refer to the deliberate murder of Angus McNab while engaged in giving first-aid to wounded London Scottish after the charge at Messines.

It was bright moonlight at the time; McNab, himself wounded, was unarmed and wearing the Red-cross badge. In short it was entirely unjustified.

McNab spoke German fluently, had worked in Axenfeld's clinic at Freiburg and was a great admirer of German clinical and laboratory methods. It was one of the ironies of fate that he should have lost his life thus at the hands of the nation he so much admired.

Twenty-five years later the British Empire is again at war with Germany, and even in these early days of the war the same uncivilised methods are again in evidence.

ABSTRACTS

I.—RETINA

(1) **Kurz, Otto (Prague).**—The clinical features and pathogenesis of non-myopic detachments of the retina. (Zur Klinik und Pathogenese der nichtmyopischen Netzhautabhebungen—starre Abhebung, Netzhautcysten, Netzhautspaltung). *Arch. f. Ophthalm.*, Vol. CXXXIX, p. 326.

(1) **Kurz** here deals with forms of detachment in which retinal tears do not form the most prominent feature—rigid detachments, retinal cysts and splitting of the retina.

The rigid detachments are grouped according to their origin:— (1) trauma, contusions with disinsertion; (2) the presence of exudative changes, either visible in the eye (choroiditis) or probable owing to the general condition (tuberculosis, vaso-neurosis, allergy); (3) all other cases, and of these those showing disinsertions are regarded as of inflammatory origin rather than due to cysts.

A review of the cases of cyst formation indicates differences in their clinical character and causation (probable congenital defect in the retina, exudative processes, tumour, trauma).

Splitting of the retina, retinoschisis, into two or more layers arises from cystoid degeneration of the retina, the vacuoles, which may appear at different levels in the retina, increasing in size and coalescing to form cysts. If the degeneration progresses radially the retinal layers tend to become thinned through pressure by the vacuoles and rupture, such tears producing different clinical forms of retinosis according as they involve all the layers of the retina or only the external layer. The site of such a rupture after operative reposition of the retina may be recognised by its homogeneous pigmentation.

THOS. SNOWBALL.

II.—CORNEA

(1) **Berardi and Motolese (Florence).—Familial corneal dystrophy. (Distrofia corneale familiare con disepiteliizzazioni recidivanti).** *Boll. d'Ocul.*, September, 1938.

(1) Degeneration of the cornea takes many forms and is markedly hereditary. The authors record a family who show an irregular form of degeneration of the cornea, complicated in some individuals by loss of the underlying epithelium. Thirteen relatives were seen and of these nine were affected. The history of others seemed to show them to have escaped the taint, but since in some of those examined the changes were visible only to careful examination, they were not necessarily immune. Three were known to be affected.

HAROLD GRIMSDALE.

(2) **Bücklers, M. (Tubingen).—Droplets on the corneal epithelium in furniture workers. (Tröpfchenförmige Niederschläge auf der Hornhautoberfläche bei Möbelarbeitern).** *Klin. Monatsbl. f. Augenheilk.*, Vol. XCIX, p. 676, 1937.

(2) **Bücklers** describes a complaint of lacquer polishers using a lacquer spray who suffer from irritable and painful eyes. On

examination they are found to have clear deposits of lacquer on the corneal epithelium—the latter can only be seen by reflected light in the slit-lamp and under great magnification, so that it is easy to mistake the condition for an ordinary conjunctivitis. In contrast to the severity of the symptoms the eyes are little inflamed. Only a small percentage of workers are affected and more in the winter months when probably lack of ventilation causes the atmosphere to be more saturated with lacquer solution.

D. R. CAMPBELL.

III.—MISCELLANEOUS

- (1) **Harrison Butler, T. (Birmingham).**—Some modern advances in ophthalmology. *Birmingham Med. Rev.*, March, 1939.

(1) This short paper is an abridged record of **Harrison Butler's** Presidential Address to the Birmingham Branch of the British Medical Association. Its actual title was "A Pictorial Demonstration of modern advances in Ophthalmology" and it was illustrated by a wealth of the author's own drawings. Of these there are printed on four full pages the number of 17 illustrations, including a reproduction of the slit-lamp and corneal microscope and a diagram showing the various methods of illumination. Judging from the abridgement the lecture must have been an admirable survey of the things that can be seen with the slit-lamp and particularly well suited to the needs of a general medical audience.

R. R. J.

- (2) **Döhmen, H. (Frankfurt).**—Bacteriological and chemical investigation of the prevention and treatment of ocular infection. (*Bakteriologische und chemische Untersuchungen zur Verhütung und Behandlung von Infektionen am Auge*). *Klin. Monatsbl. f. Augenheilk.*, Vol. CI, p. 515, 1938.

(2) **Döhmen** investigated the bactericidal action of various antiseptics and found that optochin was most effective against pneumococci, and acridin dye against streptococci and staphylococci. A combination of these in oily solution—biseptol simplex (Winzer-Konstanz) proved an excellent antiseptic in cases of perforating injury and acute corneal infection, as well as in experimentally-produced ulcers in rabbits. The combination of biseptol with a new derivative of cocaine—psicain-neu—in the form of biseptol co. was also a very efficacious remedy.

D. R. CAMPBELL.

- (3) **Heinsius, E. (Kiel-Wik).**—The “simple, uncomplicated” form of congenital total colour-blindness. (Die “einfache unkomplizierte” Form der angeborenen totalen Farbenblindheit). *Klin. Monatsbl. f. Augenheilk.*, Vol. CI, p. 489, 1938.

(3) **Heinsius** reports a case of total colour blindness in a boy of 19 years, who had good central visual acuity and a normal curve for dark adaptation. He considers that these two factors negate the theory that total colour blindness is due to defective cone-function and suggests that some higher (cerebral) centre is at fault. He was unable to trace any family history of defective colour-vision.

D. R. CAMPBELL.

BOOK NOTICES

Clio Medica: Ophthalmology. By BURTON CHANCE, M.D. Pp. 240, with 6 illustrations. Paul B. Hoeber, Inc. Medical Book Department of Harper and Brothers. New York. 1939. Price, 2 dollars.

Clio Medica consists of a series of primers on the history of medicine under the editorship of Dr. E. B. Krumbhaar. The XXth of the series is a primer of the history of ophthalmology by Dr. Burton Chance, whose work in ophthalmology and in medical history has gained him a well deserved reputation which extends far beyond the boundaries of the United States. This book consists of 26 chapters for the most part arranged on a chronological basis. It is remarkably complete and very well done. The earlier chapters are on Sumerian, Babylonian and Assyrian; Egyptian; Chinese; Graeco-Roman and Arabian ophthalmology. Then follow chapters on ophthalmology in Salerno and the West; discoveries in the 16th century; anatomical and physical advances in the 17th century; cataract in the 18th century; and modern period.

The latter part of the book is given to chapters on 19th century scientific developments; sympathetic ophthalmitis and focal disease; refraction and spectacles; co-ordination of eye movements; blepharoplastic surgery; colour vision and colour blindness; atropine and other drugs; ophthalmic surgery; therapeutic agents; hospitals and teachers; pathology of the eye; societies and journals; modern British contributors; ophthalmology in America; prevention of blindness, the care and education of the blind; and conclusion.

It will be seen that the author has spread his net widely and has touched on every aspect of ophthalmological history. All is good and the student for whom these primers have been written will find