each of these had a well marked squint in the right eye, for portraits show it clearly. One has often wondered why this defect has not turned up again in succeeding generations but as far as one knows it has not. The writer, when in practice, had the privilege of having many members of various generations of this family among his patients and none of them squinted. The earlier specimen was of Welsh descent. Welsh ancestry is a difficult subject on which to embark and the writer only knows that the squinter's father did not squint. It is difficult to try and account for the sporadic appearance of this ocular defect; but one would be inclined to suggest that any tendency to squint supplied by our later example to his offspring may have been nipped in the bud by the dominant personality of his wife.

ABSTRACTS

MISCELLANEOUS


(1) Bruckner describes the case of a girl aged 15 years in whom there was a congenital malformation in the region of the eyebrow, upper lid and fornix. The upper part of the cornea showed some opacity and there was ptosis. Examination of a band of tissue stretching from the fornix to the conjunctiva showed Schwarr cells, sweat glands, fat tissue and muscle fibres. The cause is presumed to be damage to the lateral frontal process towards the end of the first foetal month. This led to imperfect differentiation of the ectoderm, secondarily to aberration of the in-growing musculature and growth disturbance of the cornea. The primary mechanism is compared with that of Recklinghausen's disease; in addition, the possibility of an idioplastic germ abnormality is mentioned. Forty-seven references to somewhat similar cases are given.

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(2) Rochat refers to a case of gargoylism demonstrated in 1940 by Waardenburg. The child died at the age of six years and histological examination of the cornea showed that the opacity
was due to defects in Bowman's membrane, the defects being filled with a lipoid-like substance. These findings agree with those of Berliner in 1939 and fit in with the conception of gargoylism as a disease falling in the group of lipoid dystrophies.

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(3) Weekers and Weekers recall that a number of observers are exploring the possibilities of diathermy in the treatment of glaucoma and in the course of a general discussion supported by some personal observations in the use of diathermy they point out that, the various surgical procedures used in glaucoma, are by nature traumata, causing a transitory or permanent change in the intraocular circulation and leading to a new equilibrium between blood and aqueous. The result is a lowered tone in the interior of the eye. These surgical traumata are localised to the anterior portion of the uvea, the chief seat of exchange of aqueous fluid. Diathermy treatment of glaucoma falls in the same group of procedures. Glaucoma operations should induce the least possible trauma compatible with the result aimed at and diathermy treatment deserves fuller investigation.

ARNOLD SORSBY.

BOOK NOTICES


This treatise deals with "the anatomy and the histology of the retina in man, ape, and monkey, including the consideration of visual functions, the history of physiological optics, and the histological laboratory technique." The author states that "nine years ago, stimulated by other work on the visual system, I tried to apply the method of Golgi to a few freshly enucleated eyes of monkeys to see whether by chance there was a 'one-to-one' relationship of neurons in the retina." The results were unexpectedly successful; and the anatomical part of the book may be regarded as a valuable extension of the work of Ramón y Cajal.

After a preliminary general outline of the vertebrate system 70 pages are devoted to anatomical and histological technique. Parts