Greek and part Latin, which is as a red rag to a bull to the pedantic. But it is not of particularly recent development for we have met with a certain Simon Monoculus in a record of the time of King John. Simon was one of a crowd accused of murder but we never learnt what happened to him.

Most ophthalmic surgeons in the past have looked rather askance at the monocle and in the majority of instances with reason. For an unocular person there can be no objection to the wearing of a monocle, but in the case of those with the statutory allowance of eyes it is usually unnecessary and we have even heard it hinted that the wearing of a monocle is a piece of affectation. For occasional use such as the scanning of a menu or programme a monocle is decidedly useful in presbyopes. And a person with one amblyopic eye may reasonably use a monocle if the seeing eye needs uncomplicated assistance such as a simple sphere. Such a man as Sam. Johnson, who had one very amblyopic eye, might have worn one, but we should have been sorry for the fellow members of his clubs who had to contemplate his appearance in it. If moderate or marked astigmatism be present it is usually best to advise against the wearing of a monocle, for it is difficult to ensure, even with a flanged frame, that the axis of the cylinder will be exactly in the right position.

ABSTRACTS

MISCELLANEOUS

- (1) **MacCallan, A. F. (London).**—Some diseases of the eye met with abroad. *The Practitioner*, p. 71, February, 1944.

(1) The February number of *The Practitioner* contains a number of articles on diseases of the eye contributed by different authors by request. The present article is one of these; it mainly consists of an elementary exposition of the diagnosis and treatment of trachoma.

A. F. MACCALLAN.

- (2) **Ray, Bronson S. and McLean, John M. (New York).**—Combined intra-cranial and orbital operation for retinoblastoma. *Arch. of Ophthalm.*, Vol. XXX, No. 4, p. 437, October, 1943.

(2) Ray and McLean, analysing the literature, find that the average survival rate after enucleation for retinoblastoma is only 18 per cent., though in a recent report (1941) covering 31 cases, the rate has been improved to 35 per cent. The most important single

factor in the morbidity is extension of the growth backwards in the optic nerve and the degree of this cannot be estimated before operation. This is shown in a study of 119 cases by Reese, in 43 per cent. of which there was extension of tumour cells behind the cut end of the nerve, the size of the growth having no bearing on the degree of extension. Irradiation is helpful, and it has been shown in a series of six cases that if it is employed immediately after enucleation in cases where the tumour extends beyond the cut end of the nerve, there is a 66 per cent. chance of cure. The number of cases quoted is small, however, and even though irradiation improves the results, there seems justification for seeking a better method. This is supplied by an operation described in 1933 by Norman Dott and Spence Meighen, which has been further developed by the authors. The skull is opened by the "hypophysial approach" and the optic nerve on the affected side divided at its junction with the chiasma, and at the optic foramen. Twelve days later, the affected eye is enucleated. All six muscles are divided and an enucleation spoon is slipped round the back of the eyeball, so as to draw it forwards in one piece with a considerable length of the optic nerve and its sheaths. The authors describe two cases in which this operation was performed, and give details of technique.

F. A. W-N.

- (3) **Sallmann, Ludwig von (New York).—Penicillin and sulphadiazine in the treatment of experimental intra-ocular infection with pneumococcus.** *Arch. of Ophthalm.*, Vol. XXX, No. 4, p. 426, October, 1943.

(3) **Sallmann** reports an interesting investigation into the relative merits of sulphadiazine and penicillin in the treatment of pneumococcal infections of rabbit's eyes. A broth culture of organisms was used and by a special technique the approximate number of organisms injected was estimated. The results were as follows. Infection with *B. pneumoniae* type III and type X was not stopped, or was only temporarily improved by intensive local and general treatment with sulphadiazine, started six hours after inoculation. Severe infection with types III, X and VIII was usually checked by local treatment with the sodium or ammonium salt of penicillin in strengths of 0.25 and 0.1 per cent., even when this was delayed until twelve and thirteen hours after inoculation. Simultaneous injury of the lens capsule did not, in most cases, vitiate cure when the penicillin was started within eight hours. Iontophoretic introduction was occasionally more effective than the corneal bath when the infection was very severe, but was liable to produce a large corneal abrasion which, however, usually healed without opacity in a few days. In the six hour experiments, one treatment of five minutes was given on the first day, repeated on the morning of the

second day and supplemented by a three minute application in the afternoon. The applications were then reduced according to the progress of cure, the duration of treatment varying from two to six days.

F. A. W-N.

- (4) **Roper, Kenneth L. and Bannon, Robert E. (Hanover, N.H.)—**Diagnostic value of monocular occlusion. *Arch. of Ophthalm.*, Vol. XXXI (old series, Vol. LXXXVIII), No. 4, p. 316, April 1944.

(4) During the past two years **Roper** and **Bannon** have treated eighty patients by occlusion of one eye for symptoms which were thought to be due to anomalies of binocular vision. These anomalies comprise heterophoria, accommodation-convergence imbalance and aniseikonia. When relief from symptoms is brought about by monocular occlusion, one or more of these conditions may be inferred to be present, though failure of relief does not necessarily exclude them. The loss of binocular vision is in itself something of a trial, and for the test to be of value it should be kept up for at least two weeks. At the end of this time, the patient may report that though monocular vision is tiresome, it is less so than the headaches he experienced when both eyes were open. Various types of occluders can be used, the most satisfactory being an opaque contact lens, the front surface of which is made like a glass eye. Of the eighty patients, fifty-six were relieved by occlusion, and of these forty-seven were able to revert to binocular vision when aniseikonia and muscle anomalies revealed by the test were subsequently corrected. Of nineteen who were not relieved by occlusion, only five reacted favourably to treatment. Eleven patients gave indefinite results.

F. A. W-N.

- (5) **Spaeth, M. D. (Philadelphia).—**Traumatic liporrhagia retinalis (Verhoeff) Purtscher's disease. *Arch. of Ophthalm.*, Vol. XXXI, (old series, Vol. LXXXVIII), No. 3, March 1944, p. 191.

(5) This is a condition which may follow bone injuries, and **Spaeth** describes two cases following accidents involving crushing of the chest. The first patient died after a few hours, and showed tremendous engorgement and tortuosity of the retinal veins and arteries, with many massive haemorrhages. The second patient survived. He presented venous tortuosities and haemorrhages which were mainly venous. There was oedema round each macula which itself was occupied by a yellowish plaque, surrounded by a fringe of haemorrhages. There were other smaller white spots scattered about in the fundi, all in close proximity to the terminal vessels. Vision was little affected, being 6/12 in each eye with correction; 14 days later it had improved to 6/6 and the fundi were almost

normal, though later it went down to 6/9 and a tiny central scotoma was found. Many suggestions have been made as to the cause of the fundus changes. Thus the venous engorgement may be related to disturbance or thrombosis of the cranial sinuses, but this will not account for the yellow plaques and spots which are best explained as due to diffusion of fat droplets from the blood.

F. A. W-N.

- (6) **Castellanos, Luis A. (Chihuahua, Mexico).—Ariboflavinosis as a probable cause of vernal conjunctivitis.** *Arch. of Ophthalm.*, Vol. XXXI (old series, Vol. LXXXVIII), No. 3, March 1944, p. 214.

(5) **Castellanos** believes that spring catarrh is due to deficiency of riboflavin, brought about by destruction of the vitamin by the ultra-violet rays of sunshine, or by the demand for a greater quantity of it during the hot season. He claims to have proved this by the treatment of 105 patients with riboflavin, 92 of whom showed improvement. He advised, during the hot season of the year, drinking as much milk as possible, taking 1-3 mg. tablets of riboflavin per day, and the instillation of drops of tetracain hydrochloride and adrenalin. Thirty-five patients showed improvement of ocular symptoms on the third or fourth day, sixty-two in from ten to fifteen days, and the remaining nine did not return for examination.

F. A. W-N.

BOOK NOTICES

Education and Health of the Partially Seeing Child. By WINIFRED HATHAWAY. XIII + 216 pp., illustrated. Published for the National Society for the Prevention of Blindness, Inc., by Columbia University Press, New York, 1943. (Published in England by Messrs. Humphrey Milford. English Price 16/6).

This is an interesting and instructive book, unlike anything which the reviewer has read before, dealing with all aspects of the problem of the partially sighted child. It is arranged in four parts, under the headings historical background, administrative responsibilities, educational responsibilities, and community social service responsibilities. Reference is made in the first part to the start of the "myope school" in this country, and the evolution of similar institutions in America. The administrative side is fully dealt with, many aspects being considered, including classification, finding the partially seeing child, programme planning for town and country, school health services, supervision, finance, architecture and illumination, and equipment. On the actual teaching side, the "tool