review of a book in a scientific journal. The review was not signed by the writer but the "rune caster" had his own methods of discovering such matters. The reviews in our pages are usually anonymous, but this is not due to a fear of any disgruntled author casting the runes either on the author or the editors. Of course it occasionally happens that a book comes in for review which is above the mental capacity of the ordinary reviewer, but this does not often happen and for the most part any of us is capable of reviewing a text-book of ophthalmology. Should a reviewer be in any doubt as to how to review a book some would recommend the method of the man who misquoted Pope: "praise with faint damnns." To call attention to typographical errors is a favourite practice with some reviewers, but this method can be overdone, as a certain number of mistakes of this nature must be allowed for in the publication of all printed matter.

Some people are content to read the preface and to construct their review from this; others fly to the index and try to catch the author napping over the page references.

Most books, we believe, make their way independently of good or bad reviews and if any one is depressed at the small sale of his book he can console himself with the remembrance that "Vanity Fair" was very slow indeed at its start.

ABSTRACTS

I.—RETINA


(1) Gradle discusses seven points in the treatment of retinal detachment. (1) Pre-operative immobilization. The affected eye is atropinized, both eyes are bandaged and the patient's posture in bed is such that the deepest part of the detachment is placed in the most dependent position attainable. Very rarely does spontaneous replacement of the retina result from this. In many, some of the inter-retinal fluid is absorbed and the eyes thus rendered more favourable for operation. Five to ten days is seldom time wasted in this treatment.

(2) In some cases of retinal detachment the pupil fails to dilate to any mydriatic more than 4mm.

(3) Visual result after macular separation. The author believes that this is influenced by the duration of the detachment and the
patient's age. Under 25 years of age cystic degeneration at the macula is unlikely. In adults this complication seems to be more likely if the macula has been off for more than one week.

(4) Post-equatorial exposure of the sclera. Two alternatives are open to the surgeon, either tenotomy of an extra-ocular muscle and re-suture at the end of operation, or traction on the muscle by means of a bridle suture. The author comments that the former seldom results in permanent "tropia or phoria" whereas forcible traction by the latter technique may damage the muscle origin and so give rise to such a complication.

(5) A clear cornea during operation. Towards the end of the operation the cornea may become hazy due to rise of intra-ocular pressure. The author recommends three fine needle punctures of the sclera under 2.5 millamperes of positive catholysis. The resultant seepage during operation keeps down the intra-ocular pressure.

(6) Juxta-position of the retina and choroid. The thorough evacuation of inter-retinal fluid and its drainage is emphasized as a necessity for the formation of choroido-retinal adhesions. Trephining, penetrating diathermy and scleral puncture with a Graefe knife are compared.

(7) Post-operative care. Rest in bed for 14 days is advised followed by 10 to 14 days in a wheel chair, then convalescence at home for a month and a return to sedentary occupation three months after operation. Fourteen days after operation "hole" spectacles with 3 to 4mm. diameter aperture are worn for two months and this is increased every three weeks until the diameter is 1.5cm. The latter size is worn up to 5 or 6 months after operation.

H. B. STALLARD.


(2) Benedict and Parkhill review the large literature which gives evidence of glioma retinae affecting successive generations. Not only is transmission direct from affected parent to child, but collateral branches of a family may be affected through non-demonstrating parents. The authors report four cases, and in two of these retinal glioma occurred in successive generations.

H. B. STALLARD.
II.—MISCELLANEOUS


(1) Cogan describes the value of glycerine drops in clearing the cornea when clouding is due to simple epithelial oedema. It has no appreciable effect on stromal opacity. Clearing occurs in 20 to 30 seconds and lasts several minutes.

The author has found it useful in the examination of acute congestive glaucoma. He has noted no toxic changes resulting from its use. The effect is like that of other hypertonic fluids, the removal of excess water from the hydropic epithelium. No permanent beneficial effect is obtained from its repeated use. The author recommends it merely as a diagnostic aid.

H. B. Stallard.


(2) Terry comments that the reason why hidden or obscure freckles in the skin or conjunctiva are so dramatically demonstrated under filtrated ultra-violet light in the rich brown colour of melanin is not obvious.

Under filtered ultra-violet light from the mercury vapour lamp, relatively unpigmented tissues containing potentiality for pigmentation, such as unpigmented melanomata almost invariably appear to be heavily loaded with rich brown pigment. The author states that this finding may be of real clinical value.

H. B. Stallard.

BOOK NOTICE


The section on neurology of the eye contains information which should be valuable to the advanced student who already has a good knowledge of ophthalmology. Ocular movements and their disturbances are described and well correlated with cerebral anatomy and there is an excellent chapter on the smooth muscles of the eye and orbit. The description of fundus conditions is rather confused and disorders of convergence and divergence are discussed with only a bare reference to the theories and practice of orthoptics. A comprehensive bibliography is to be found at the end of the book. The illustrations are good, but their annotation is poor.