
McIlroy has found the local use of methylene blue (1 in 1,000 saline solution) most useful in the treatment of discharging sockets after enucleation of the eyeball. The prevailing microorganism obtained by agar cultures from nine cases of discharging socket was the *staphylococcus aureus*, although methylene blue was found to have little bactericidal action upon subcultures made from the organisms obtained from the discharge.

S. S.

BOOK NOTICES


In this volume of 763 pages the author gives a very comprehensive account of the Blind in the United States, considered from almost every point of view. He has collected and arranged in handy form a really vast amount of information, general, technical, and statistical, and there is evidence throughout that no pains have been spared to render this information as trustworthy as possible.

As should be the case in all books of reference, an analytical table of contents enables the reader to find, with the least possible trouble, the information he desires. The scope of the work can be indicated most clearly by the headings of its seven parts:

Part I (Chaps. 1-5). General condition of the Blind.

Part II (Chaps. 6-11). Blindness and the possibilities of its Prevention.


Part VI (Chaps. 43-45). Organizations interested in the Blind.

Part VII. Conclusions with respect to the Work for the Blind.

A detailed review of Mr. Best's book would occupy much space; all that we can undertake is to refer briefly to some of the many statements of general interest which it contains and to offer a few criticisms.

The number of persons returned as "blind" in the United States Census of 1910 (the latest available figures) is 57,272, but the
actual number is believed to be nearer 70,000. The total blind population of the world is estimated to be at least 2,300,000—not including those blinded in the recent war. The proportion of blind to the total population, in the leading countries, is highest in Egypt (13,251 per million) and lowest in Belgium (435 per million). In the United States the number is 623 and in England and Wales 730 per million. While there appears to be no definition of blindness which is common to all the States of America, “the definition of blindness as the possession of not more than one-tenth of normal vision is beginning to be adopted in . . . compensation laws and has been theoretically accepted by the United States Government for persons blinded in military service.”

A fact in strange contrast to the conditions obtaining in this country is that “the largest number of the male blind in any single specific occupation are engaged in farming.”

The chapter on the economic condition of the blind is worthy of attention in view of the efforts now being made in most countries to further the technical education, and thereby the earning capacity of the blind. From the statistics furnished, it appears that, in the United States, of the blind population over 10 years of age, 16.8 per cent.—about one in six—are “gainfully employed.” This compares with 53.3 per cent. of the general population.

From the chapter on “Causes of Blindness,” which contains much statistical information, we quote the following: “. . . External injury constitutes the most important cause through the greater part of life, from the first to the fifty-fourth year. From the first year it increases gradually to the nineteenth year . . . after which it almost as gradually decreases.”

The inclusion of “neuralgia” as a cause of blindness and as “a kindred affection of glaucoma,” is probably due to too rigid adherence to census returns by a non-medical investigator. The same criticism applies to some statements in the chapter on Blindness and Heredity. In a footnote the author says, “According to the census . . . the diseases which are found to exert a hereditary influence are cataract, glaucoma, neuralgia, scrofula, measles, and strained eyes.” It is easy to see how such returns, often made by the uneducated relatives of the blind, may lead a lay writer astray. We suggest that in another edition this section of the book might advantageously be submitted to the medical helpers mentioned in the preface.

The education of, and material provision for, the blind are dealt with at great length. The former section contains an interesting historical chapter on the efforts made to teach the blind from the time of Cardano, an Italian physician (1501-1576), who was the first to undertake such instruction. In the latter section the author deals very fully with Homes and Industrial Establishments, and
follows this by discussing the questions of pensions and indemnities for the blind, devoting a chapter to the consideration of the compensation laws for working men blinded in the course of their employment.

The last chapter of the book, containing the author's conclusions with respect to the work for the blind in the United States, gives a brief survey of his laborious enquiries. While he fully recognizes that all is not done that should be done, he concludes that there is good reason to believe that the efforts being made by the Government and the public of the United States are tending towards diminution in the number of the blind, and to an all round improvement in measures to lessen the hardships of blindness.

J. B. Lawford.


This valuable work of reference on the past year's literature has again made its annual appearance. We notice with regret that the price has been doubled. Foster Moore has taken over the ophthalmic part of the book, and contributes abstracts of recent work on the welfare of the blind, cataract operation, trachoma, anaphylaxis, hemeralopia, sympathetic ophthalmitis, glioma, foreign body and other injuries of the eye, visual disturbances in cerebral lesions, visual standards, relation of intraocular pressure to blood pressure, plastic socket operations and one or two minor matters. The illustrations comprise two plates on trachoma, and two from Priestley Smith's paper on the blood pressure in the eye. In addition, there are some text illustrations reproduced from the British Journal of Ophthalmology. The book is fully up to the usual high standard, and is a most useful work of reference.

E. E. H.

CORRESPONDENCE

TONOMETRIC VALUES

To the Editor of The British Journal of Ophthalmology.

Sir,—Having carefully read Colonel Elliot's criticism of my recent article, and Dr. McLean's fresh communication (B. J. O., Sept., 1919), I should like to add a little to what I have previously said on this subject.