

flying for a considerable period and had not regularly worn any form of protection. The scotomata were mainly of the ring type; in only one was the ring complete. The scotomata always appeared first in the temporal part of the field, which the author considers to be due to the protection afforded by the nose. The visual defect had not been noticed by the patients themselves who had come under treatment mainly for conjunctival trouble. Zade (*Arch. f. Ophthalm.*, Vol. XCI) recorded similar defects. All the scotomata in Zade's series lay between the 35° and the 50° circle, but in some of Doesschate's cases they were only 25° from the fixation point. In two cases Doesschate found a radial relative scotoma and in one of these there were changes at the macula and central vision was affected. Similar defects have been observed in range finders. The author considers these cases as similar to eclipse blinding and to be due to the more highly refractile rays of light.

E. E. H.

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## BOOK NOTICES

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**Contribution to the Pathological Anatomy of Congenital Malformation of the Eye.** (Thèse de Gand.) By Dr. G. MARNIX VAN DUYSE. Gand: Imprimerie I. Vanderpoorten, Rue de la Cuiller, 18. 1919.

Dr. G.] M. van Duyse describes two specimens derived from a child, aged 5 years.

*Specimen I.*—The right eye showed a typical complete coloboma of the choroid. The latter did not extend up to the optic disc, but between it and the optic disc was to be seen a white depressed area which proved to be a cystic coloboma. There was also a congenital crescent below the disc. When the eye was removed a small cyst could be seen extending beneath the optic nerve. The cyst was filled with proliferated retina, probably derived both from the inner and outer layers, and was free from pigmentation, as is usually the case. Beyond the margin of the cyst there was a separation between the outer and inner layers of the optic vesicle. The pigmentation of the outer layer of the optic vesicle ceased at the margin of the cyst, and was continued into the cyst without pigmentation. Within the cyst there were also some smaller cysts lined with cylindrical epithelium. The tissue within the cysts consisted principally of glial cells. The margin of the coloboma showed folding of the retina, and the retina close to the margin of the coloboma contained rosette formations. The vitreous had

developed atypically into fibrous bands. The ciliary body and angle varied considerably in different situations. In some places it was atrophied, and in others the pigment was hypertrophied into large masses, and was cystic in one or two situations. The angle of the chamber was in its foetal condition, and the iris was absent from the situation of the coloboma, and the pigmented epithelial layer extended beyond the rudimentary stroma in most situations. The angle of the anterior chamber was in its foetal condition, and the remains of the pupillary membranes were present.

*Specimen II.*—Left eye from the same case. Specimen of microphthalmos with apparent anophthalmos with a pigmented cystic condition of the orbit and eyelid.

The condition was one of complete failure of closure of the ocular cleft, as the result of which the retinal tissues in the neighbourhood of the cleft below developed into multiple cysts. In the specimen the optic nerve was shown cut obliquely, and a mass of fibrous tissue in front of this was the remains of a rudimentary sclera. Above could be traced the rudimentary choroid and retina; the latter was much folded upon itself, and contained rosette formation. In most situations its outer layers were pigmented. The vitreous was fibrous, and there were two particularly large cysts below, one on either side of the cleft, communicating with the interior of the globe and containing proliferated glial tissue.

M. S. M.

**Cuban Review of Ophthalmology.** Vol. I, No. 3. (*Revista Cubana de Oftalmologia*), 1919.

The second fasciculus of this journal fully maintains the excellence and originality of the first. The biographical section contains accounts of Uribe y Troncoso, C. H. May, Posey, Pacheco Luna, J. N. Roy, and Velez of Mexico. Santos Fernandez contributes a large number of original articles, mostly short ones, of which those on spring catarrh in Cuba, and homonymous hemianopia after head injury are worthy of note. Uribe y Troncoso writes on endovasculitis of the retinal vessels, Pacheco Luna on trachoma in Guatemala, and on corneal suture in cataract extraction, Gomez on wounds and contusions of the globe. Among the many other original articles, perhaps the most interesting at the present time are those by Oñate and F. M. Fernandez on the ocular complications of influenza. The first-named writer, who practises in Cuba, records a case of metastatic panophthalmitis in a woman, aged 26, who suffered from influenzal broncho-pneumonia; the eye was excised. The same author contributes a paper on post-influenzal amblyopia containing observations on two cases who suffered from mistiness of vision, presumably toxic in origin, after an attack of influenza, for

he could find no organic change in the eye to account for it. No details of the vision or of the presence or absence of a central scotoma are given, and both cases made a good recovery on simple dietetic and medicinal treatment. It is interesting to note that in the first case the visual failure coincided with a sharp attack of urticaria.

F. M. Fernandez records six cases: (1) a man of 38 years, who after influenza presented signs of desquamation of the cornea and an acute iritis, which latter quickly cleared up without leaving any sequelae under appropriate treatment; (2) A case of optic atrophy following a severe attack of influenza in a man of 35 years; syphilis and tubercle were excluded in this case; (3) a case of iritis following influenzal pulmonary congestion; (4) a case of simple corneal ulcer in a youth of 19 years; (5) a case of a man of 47 years, Spaniard, resident in Cuba for many years, who had a leucoma adherens for which Santos Fernandez had performed an iridectomy 30 years before. This man got a sharp attack of secondary glaucoma, with tension +2, which yielded rapidly to miotics; (6) a case of papilloedema consequent on sinusitis due to influenza.

The abstracts of current ophthalmology follow the customary lines and appear to be very complete. The management of this new journal is to be congratulated on its production.

R. R. JAMES.

**A New Surgical Treatment for Squint.** (*Nuevo tratamiento quirúrgico del estrabismo.*) By Dr. CASTRESANA. Madrid, 1919. Price 5 pesetas.

THE author in this little pamphlet of 95 pages covers a good deal of the surgical treatment of squint, pointing out the pros and cons as regards simple tenotomy, simple advancement, and the combined operations.

Squint appears to be very common in Spain, and the patients averse from operative treatment, not so much, we gather, from religious prejudices, as has been affirmed, but from the common belief which the masses hold, that the disease has no remedy; such being the case, we imagine that Castresana's pamphlet will go far towards dispelling this popular illusion.

The whole subject is discussed in a judicious manner, while the work is copiously illustrated with plates of cases before and after operation. Castresana's method of operating consists in a combined operation, the first stage being the defining and the freeing of the edges of the internal rectus tendon, without separating it from the globe; having got it free, he stretches the tendon over a squint hook and makes two or more vertical cuts into it at different points

behind its insertion, so as to weaken its action; he then performs a modified Critchett's three stitch advancement on the opponent, and fixes the ends of the suture to the temple with strapping. The after-treatment consists of atropin to the eyes and an occlusion bandage for a week, at the end of which time the refraction is estimated and glasses are ordered if necessary.

R. R. JAMES.

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## CORRESPONDENCE

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### THE NOTATION OF AXES OF CYLINDERS

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*To the Editor of the BRITISH JOURNAL OF OPHTHALMOLOGY.*

SIR,—With reference to Mr. Gray Clegg's interesting article in the October issue of the *Journal*, upon the above subject, I may point out that in February, 1910, in a short note to the *Lancet*, I submitted that the difficulty in regard to the question of notation arose from the fact that there was no standard method. "Every method in vogue is a workable method, but there is no uniformity, because there is no common standard, and because these methods lack the basis of a standard which is recognized by the world, about which no confusion can arise, it is impossible to expect any universal agreement." Such a standard, nevertheless, is available, and that is the mariner's compass. In this compass the poles are marked zero, and the equator, or horizontal line, 90°. With this compass as the standard, the axes of the cylinders are simply required to be indicated as so many degrees from zero in approaching the equator, north-east, or north-west, according as the axis is downwards and outwards, or downwards and inwards. Thus by this means it is possible to avoid the confusion which frequently arises by dealing with degrees higher than 90. During the past nine years I have found this method very simple, workable, and convenient.

I am, Sir,

Yours truly,

PERCY DUNN.

LONDON, W.