nerve fibres, but, as already stated, degenerate ganglion cells, similar to those found by Schreiber and Wengler in the retina of the rabbit after scarlet R. had been injected into the anterior chamber.

Feingold admits that his case offers no positive explanation of the peculiar clinical entity of essential atrophy of the iris, although some features of the histological examination could be interpreted to mean that congenital vascular disturbances in the neighbourhood of the smaller iris circle may have induced the changes in the iris. It affords, moreover, no explanation of the mechanism of the glaucoma, common in all such cases. The author suggests that some of the histological changes found may have been caused by substances set free by destruction of the tissue of the iris.

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**BOOK NOTICES**


This well-illustrated volume of 384 pages is of particular interest, since it contains not only an account of the proceedings of the Ophthalmological Society of the United Kingdom at its meeting in May, 1918, but also the reports of the Oxford Ophthalmological Congress and of the Midland Ophthalmological Societies, two of the four societies now affiliated with the parent body. Mr. E. Treacher Collins, in his presidential address, speaks of the volume as “considerably reduced in bulk, due to the thinness of the paper,” and goes on to say that “it is only superfluous matter with which it has had to dispense, the number of its pages and the amount of interest in its material being well up to the average.” The *Transactions*, among other things, includes discussions “On contagious diseases of the conjunctiva” and “Plastic operations of the eyelids,” and contains an interesting report of the committee on “The conditions affecting the standard of vision in the British Army,” to which is appended a communication by Messrs. Traquair and Paterson dealing with the same subjects. These discussions and communications, as well as the other contents of the volume, will be noticed in due course in abstract form in our columns. The officers of the Society now are: **President**: J. B. Story; **Vice-Presidents**: E. Treacher Collins, W. G. Sym, J. H. Fisher, and W. T.
Book Notices


The second edition of this excellent volume was fully noticed in the Ophthalmoscope for 1912, one of the predecessors of this journal. It seems hardly necessary, therefore, to repeat in general what was there said. In the preface to this third edition the author points out that the most noteworthy additions are a new section on Symptomatic Diseases of the Eye, short accounts of less common disorders of the eye, and extensive additions to the operative and other measures of treatment. In the opinion of the reviewer, the chapter (xxix) in the new section dealing with Symptomatic Diseases of the Eye which is headed "Ocular Manifestations of Diseases of the Nervous System," while extremely useful for reference, is so compressed that it is very difficult for the student to understand. The apparent difficulty may possibly be due to the reviewer's defective recollection of the exact anatomy of the nervous system; but, on the other hand, such "defective recollection" is not a very uncommon failing. The chapter is essentially so good and useful that some expansion of the text in the direction of explanations seems called for when the author makes up his next edition.

In the second edition, the complications which may follow the extraction of cataract were merely mentioned in connection with the operation, the details being given under the respective headings of iritis, etc. These complications are now dealt with in detail immediately after the descriptions of operations, a much more satisfactory place for them. In the former volume, trephining for glaucoma was merely mentioned, and, indeed, the word was not to be found in the index. This has now been remedied and a clear description given of Elliot's method of operating. The limitations of the trephine operation are recognized, but the author is wholly in favour of it for chronic glaucoma. For acute glaucoma he considers that iridectomy, performed early, is the operation of choice. The trephine operation is here as difficult as iridectomy, while the results are less favourable. The author's expression of opinion on these important points is perfectly clear. Regarding tonometry, which was not previously mentioned at all, one rather gathers that Parsons has no very great faith in the tonometer as an instrument of precision. There is a short description of the Schiötz instrument. The chapter on injuries has been extended, and a short section added on War Injuries. The latest Haab magnet and the
Mellinger ring magnet are illustrated, and their employment is described. In dealing with colour blindness, the description of tests has been considerably extended, and the author finishes the subject with the following sentence: "Defects of colour vision have led to much acrimonious discussion. Their detection may be easy, but is often difficult. No theory which has yet been brought forward is wholly satisfactory, and no single test is infallible." But one might go on indefinitely selecting interesting matter from this volume. Enough has been said to indicate that the author has made a very good book still better than it was.

Regarding the make-up of the volume, one notices that there are fewer pages than before, but more lines to the page. The page is the same size as formerly. Certain paragraphs, too, have been placed in smaller type. The plate with samples of Holmgren's wools has been omitted. The index has been revised and made more complete.

ERNEST THOMSON.

Treatment of Senile Cataract. By Lt.-Col. H. Kirkpatrick, I.M.S.,
Madras: The Modern Printing Works, Mount Road.

This pamphlet, copies of which may be obtained from the Secretary of the Madras College Association, consists of a reprint of articles on cataract published in the Transactions of the Association by Lt.-Col. H. Kirkpatrick, Superintendent of the Government Ophthalmic Hospital at Madras. He describes the method of operation employed by him, which differs in some respects from that adopted in Europe. In diabetic patients about to be operated on for cataract, coma should be guarded against by testing the urine for diabetic acid, and by keeping them on sodium bicarbonate before, during, and after the extraction. As to the general condition of the patient, Kirkpatrick thinks that if there is a prospect of life for six months and no sight in the other eye operation should be undertaken. He regards Herbert's method of conjunctival disinfection by sublimate douching (1:3000) as the best. With regard to the actual operation, he insists upon the necessity of employing dry sterile instruments. He does not favour expression of the lens in its capsule, of which one disadvantage, even when successfully performed, is that the hyaloid membrane approaches the wound too closely, and may thus form a track along which sepsis may pass from the surface to the ciliary body. In order to secure steadiness of hand, the author employs a wedge-shaped block placed alongside the patient's head. The forearm, from the elbow to near the wrist, is rested upon this block, and the ulnar margin of the hand is supported by the skull. He prefers a peripheral iridectomy. He employs a method of capsulotomy introduced into Madras by Col. E. F. Drake-
Brockman. It consists in lacerating the capsule by a Bowman's discission needle before the section is made. After the lens nucleus has been delivered by pressure, the cortex is got rid of by McKeown's irrigator, the systematic use of which was popularized in Madras by Lieut.-Col. R. H. Elliot. The hint is given that a large lens may often be delivered through a small section by causing the wound to gape and the lens to present by applying light pressure at the lower part of the eyeball and then by transfixing the lens on a Bowman's needle. By using gentle pressure below and rolling the nucleus over like a wheel with the needle it can often be delivered without injury to the eye under circumstances in which a quite unjustifiable amount of pressure would be necessary to deliver it in the ordinary way (R. H. Elliot). The author is not alone in believing that it is a mistake to insist upon the patient looking downwards while the lens is being extracted, and that it is best delivered whilst the eyeball is turned up. While the speculum is between the patient's eyelids it is advisable to pull the orbicularis up and to hold it in place by the thumb or the unoccupied fingers of the free hand. When the operation is finished it is well to drop atropin into the eye.

Kirkpatrick claims for the operation he describes, the essential features of which are the peculiar method of capsulotomy and the systematic use of irrigation, that it satisfies the desiderata of removing the maximum quantity of lens nucleus, and of inflicting the minimum of trauma and disturbance of the ocular tissues.

S. S.


Sir James Barrett, Lieut.-Colonel, and Lieut. P. E. Deane, Quartermaster of the First Australian General Hospital, Egypt, in the volume before us tell the tale of the Australian Army Medical Corps in Egypt, and a remarkable story it is. For example, a hospital of 520 beds was compelled to expand to a capacity of about 10,500 beds and the way difficulties were got over was most interesting. It is no part of our purpose to enter into such details, interesting though they are in themselves. It will suffice if we touch upon one or two points likely to be of interest to the readers of the journal. In the First Australian Hospital at Heliopolis, an ophthalmic department was opened upon the first floor of the building, which had formerly been the Palace Hotel. As there were few oculists in Egypt at this time other than those attached to this hospital, the eye department rapidly assumed formidable proportions.
There were usually from 60 to 100 in-patients and sometimes 100 out-patients were seen in a day. From the opening of the hospital to September 30, 1915, 1,142 ophthalmic cases were treated, the largest number being made up of the various forms of acute conjunctivitis, chiefly of the Weeks's variety. Not a single instance of sympathetic ophthalmitis was met with. Errors of refraction formed almost one-third of the conditions treated. In the examination of recruits, cases were not infrequent of men with glass eyes, and several men possessed practically only one eye. The authors express the guarded opinion that one-eyed men should "hardly be sent to the front." The amount of refraction work leads to the expression of opinion that a working optician should accompany each army. With regard to malingerers, their sight soon returned when the men learned that before being sent home, they would be subjected to an examination by an expert.  

S. S.


Sir James W. Barrett's two volumes, illustrated with maps and diagrams, are made up of a number of political and sociological essays mostly reprinted from the columns of the Melbourne Argus in which they originally appeared. They are noticed here because two of them deal with subjects of perennial interest to ophthalmic surgeons, namely, myopia and trachoma. After pointing out that short-sight has never developed to the same extent in Great Britain, America, and Australia as in Switzerland and Germany, the author expresses the fear that we are tending to go the same road. He gives a popular account of the mischief done by myopia, and advocates the formation of schools for the short-sighted, laying down the cardinal features that should distinguish such institutions, as the abolition of evening work, instruction by mouth and by ear, education in the open-air, and the training of the children for mechanical or for out-door occupations. The other essay (written conjointly with Dr. W. F. Orr) deals with the distribution of trachoma in the State of Victoria. The method adopted for the collection of statistics was by the determination of the place of residence of all cases of trachoma presenting themselves at the Victorian Eye and Ear Hospital. The obvious drawbacks of such a method are insisted upon by the author. Figures giving the mean summer temperatures and the mean humidities for the various places concerned are included. It is thought that, broadly speaking, heat, dryness, and dust are the fundamental underlying factors in the distribution of trachoma.  

S. S.