

(2) **Van der Hoeve** thinks that the X-ray examination is apt to be neglected in cases of orbital tumour. This is a pity, for a good radiogram will often afford valuable information regarding the nature of the growth, and its relations to surrounding structures. The deepest shadows are thrown by the osteomata, and more especially when they are eburnized. The more recent work of Lagrange and Birsch-Hirschfeld teaches that the older opinion which recommended a conservative treatment of osteomata is dangerous, for the majority of them if left *in situ* lead to death, as, for example, frontal sinus osteomata. The value of a radiogram in these cases lies in the information it may give as to the point of origin of the bony growth, and the best way of attacking it. Most of the osteomata found in the orbit arise from one of the nasal sinuses. By operating upon the sinus it is generally much easier to remove the tumour than it would be by the orbital route. The Röntgen rays may prove useful in soft growths in the orbit. Van der Hoeve describes a case of this character. The tumour was removed by Rollet's method in preference to Krönlein's. Rollet points out that the contents of the orbit are not in direct contact with the periosteum, but are separated by an aponeurosis. There is a definite space between this aponeurosis and the periosteum which the anatomists have so far failed to describe. At Rollet's request Professor Laturget has investigated the space. Rollet finds that tumours often develop in it which may compress the muscle cone without implicating the structures which form it. The presence of tumours in this space, which contains no blood-vessels, favours an operation for extirpation.

The paper contains examples of Röntgen photographs, and of a section of one of the tumours removed.

T. HARRISON BUTLER.

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## BOOK NOTICES

**The Medical Annual, 1918.** Liverpool: John Wright & Sons, Ltd.  
Price 10/- net.

The space allotted to eye disease in this valuable summary of the year's work is again given to A. Hugh Thompson. The first three pages deal with general therapeutics, and give abstracts of recent papers on radium, thyroid, pilocarpine sweats, the treatment of hypopyon keratitis, subconjunctival injections, and the use of heat short of cauterization. A brief account of the recent literature on concussion injuries of the eye and visual part of the brain follows, in which mention of the work of Collins, Lister, Gordon Holmes, Riddoch and Kinnier Wilson (spelt Kinnear) is made. This is followed by an abstract of Whiting and Goulden's paper

on magnet extraction, accompanied by reproductions of the plates published in this Journal. The final article is on arteriosclerotic disease of the retina, with a coloured plate taken from Foster Moore's paper read at the Royal Society of Medicine. Two more coloured plates are reproduced, one from Treacher Collins' paper on subchoroidal haemorrhage, and the other from Pringle's paper in the *British Journal of Surgery* on haemorrhage into the sheath of the optic nerve.

E. E. H.

**Medical Research Committee. Reports of the Special Committee upon the Standardisation of Pathological Methods.**  
London: His Majesty's Stationery Office. 1918. Price 1s. net.

So important are venereal diseases in the aetiology of affections of the eye that no apology need be made for noticing at some length the two reports upon the laboratory diagnosis of gonococcal infections and the methods for the detection of spirochaetes contained in this illustrated pamphlet, the work of a special committee (appointed by the Medical Research Committee) consisting of Lieut.-Col. J. G. Adami, F.R.S., Major F. W. Andrews, F.R.S., and Professor William Bulloch, F.R.S., together with Col. L. W. Harrison, D.S.O.

As regards gonorrhoea, the stage has not yet been reached when a diagnosis can be made with certainty by bacteriological methods alone, although as adjuncts they are enhanced to a remarkable degree when the diagnosis is entrusted to a thoroughly trained bacteriologist employing the best methods. In acute gonorrhoea (whether of the genito-urinary passages or of the conjunctiva) a positive diagnosis may be justified from microscopical examination of films alone, the proper technique being employed and the examination being made by a competent observer. That is not the case in chronic gonorrhoea, which more particularly interests the ophthalmic surgeon. Under such circumstances, smears should be made from any urethral discharge that may be present or be obtained after massage of the prostate, seminal vesicles, and Cowper's glands, or, failing that, from any deposit that may be got after centrifugalization of the first ounce of urine passed. In females material for the purpose should be collected directly from the urethra, the cervical canal, or Bartholin's glands. Merely to secure a smear from the vulva (except in the vulvo-vaginitis of children) is of no value in demonstrating the absence of gonorrhoeal infection. Films, however obtained, should be thin and evenly distributed, and not dried too rapidly over the flame. The committee recommends that W. Jensen's modification of Gram's method should be used to the exclusion of all others.

The original method of Gram is replete with possibilities of error. Briefly, in Jensen's modification the anilin water is discarded, the concentration of the iodine solution is increased, and weak neutral red is employed as the counter-stain. The exact technique will be found fully described in the *Reports* and elsewhere. It should be noted that Gram-positive organisms lose that characteristic when digested by leucocytes, and that in certain cases where satisfactory films are difficult to obtain, as in chronic gonorrhoea, the gonococci may appear to be Gram-positive. Apart from media which contain human blood or animal blood serum, the best media suited for the routine cultivation of the gonococcus are: (1) Thomson's human plasma-glucose agar; (2) Cole's tryptic-blood agar; and (3) Gordon and Hines's trypsinised pea-extract agar, the preparation of all of which is fully described in the *Reports*. Focal gonococcal reactions, as by the inoculation of a suitable dose of a suspension of dead gonococci, should be adopted with caution, since there is a danger of lighting up infections with serious results. As to the complement fixation test for gonorrhoea (little employed in Great Britain), while it cannot replace other methods of diagnosis, it may sometimes be the only laboratory means by which a gonococcal infection can be recognized. It is most likely to be of value in cases of metastatic infection, where direct demonstration of the gonococcus may be difficult or impossible. The committee does not recommend any one standard method of complement fixation, but describes the plans of Schwartz and McNeil, of Ower, of Kolmer, and of David Thomson.

Every localized lesion upon the organs of generation should be examined with a view to the detection of spirochaetes. The finding of the organism affords the earliest means of diagnosing syphilis. The importance of this lies in the fact that treatment undertaken in the early primary stage is simple, assured, and a matter of weeks, whereas after the infection has become generalized, with the development of a positive Wassermann reaction or of secondary lesions, it is uncertain and a matter of months. If the first examination be negative, it should be repeated upon subsequent occasions. In the case of superficial lesions, say, of the eyelid, fluid expressed from the affected part must be employed for examination, and microscopical diagnosis must be made prior to arsenical treatment. Stained films—once employed almost exclusively for diagnostic purposes—have now been largely replaced by other methods for the detection of the *Spirochæta pallidum*, although it must be admitted that when results obtained by staining are positive they cannot be questioned. On the other hand, the *Spirochæta* has a notable lack of affinity for most staining reagents, and as a result few may appear when many are really present in the specimen; the organisms become distorted by drying, and

there is an absence of the characteristic movements. In the experience of the committee, the Romanowsky method in one or other of its modifications affords the best results, although Leishman's and Homer Wright's modifications "are not far behind." By these methods *Spironema pallidum* is coloured a rose pink, while other spirochaetes are blue in colour. Among the silver nitrate methods Fontana's modification is well spoken of. But the best way of demonstrating the *S. pallidum* is by the dark-ground condenser, which has the advantage of being of English origin, although in recent years it has been reintroduced from Germany. In this method any microscope suitable for pathological work may be utilized, but it should be provided with a mechanism for adjusting the sub-stage illuminating apparatus. An oil immersion objective is not essential. The most satisfactory electric illuminant is the "Pointolite" lamp made by the Ediswan Company, a tungsten arc in a gas-filled bulb, which gives a light-source of high intensity and small area, and is, in fact, the nearest approximation to a point source of light at present known. For dark-ground illumination of blood or pus the light should be subdued sufficiently by the interposition of a pale-blue colour screen. It then yields an exceedingly good result.

From an appendix by Clifford Dobell, F.R.S., it appears that the correct name of the spirochaete of syphilis is, in full, *Spironema pallidum* (Schaudinn, 1905, Vuillemin, 1905) or, briefly, *Spironema pallidum* Schaudinn. The names *Treponema* and *Microspironema* are synonyms without validity.

S. S.

**Malaria and its Treatment.** By Capt. A. CECIL ALPORT, R.A.M.C.(T.) late Acting-Major, Officer in charge of Medical Division of the 28th General Hospital and of the 41st General Hospital, Salonika. London: John Bale, Sons & Danielsson, Ltd. 1919.

This book will interest the ophthalmic surgeon, in so far as it is a defence of the system of giving massive doses of quinine for the treatment of malaria. The attitude of the writer will be realized when we understand that he believes it to be quite safe to give from 60 to 120 grains of quinine in 24 hours, and that he speaks with apparent approval of a surgeon who "thinks nothing of giving 100 grains of quinine intravenously and intramuscularly in twelve hours, and following this up with further large doses." On page 128 we learn that 26 patients were treated for 72 days with an average daily dose of 35 grains of quinine. The smallest total dose in the series was 1,330 grains, and the largest, 3,560 grains. Four cases of quinine amblyopia are quoted, and stress is laid on the fact that they all occurred in patients suffering with black water fever. It is stated that the consulting ophthalmologist of the

Salonika Command issued a report which "goes to show that there is little or no change in the acuteness of vision of patients who have recovered from quinine amblyopia." He found the fields of vision to be more or less contracted, and describes pallor of optic discs and narrowing of retinal arteries in a varying degree in all cases. The contraction of the fields of vision appears to have been the most important change noted. The author adds, "As this is probably only temporary, and does not cause the man any inconvenience, or affect his efficiency as a soldier, it appears to me to be quite unjustifiable to withhold quinine in black water fever because of the possibility of amblyopia occurring. The condition, however, has modified the quinine dosage I use in these cases."

It will be observed that no mention is here made of that very important symptom, night-blindness, which is so unpleasantly frequent after quinine poisoning of the eyes. We think, too, that Captain Alport has dismissed too lightly the significance of contracted fields, pale discs, and narrowed vessels. His optimistic estimate will not be shared by those who know the literature of quinine poisoning. The reviewer has under his care at the present time a corporal, invalided for other causes, in the consideration of whose case the authorities seem to be totally unaware of any element of quinine poisoning, and yet the stigmata of it are present, and the man's gravest complaint is that he is "so apt to walk into a wall at night." The case is not a solitary one. It is not for the ophthalmic surgeon to dictate to the expert in tropical disease what doses of quinine or of arsenic he shall or shall not give, but it is his duty to keep a jealous eye on the cases in which harm has been done, and to see that both sides of the question are kept in mind by the profession. Captain Alport is an enthusiast, and one must admire him not only for this, but also for the clear, graphic way in which he puts his case. At the same time it is obvious, and to his credit he makes no effort to conceal it, that his method of giving massive doses did not meet with the approbation of all of his colleagues. Possibly he is suffering for being a pioneer; but where enthusiasm has its dangers, fair criticism and the exercise of sober judgment cannot fail to be of value.

R. H. ELLIOT.

**An Inquiry into the Medical Curriculum by the Edinburgh Pathological Club.** Edinburgh: W. Green & Son, Ltd. 1919.

The Edinburgh Pathological Club carried out during the session 1917-18 an inquiry into the medical curriculum by obtaining for the purpose a number of communications from teachers in the Edinburgh and other schools. These were published by the *Edinburgh Medical Journal* as they were received, and are now collected and reprinted as a separate volume, together with a report upon the

whole subject by the Club. The communications by Mr. E. Treacher Collins and Drs. Freeland Fergus, W. G. Sym, and J. V. Paterson dealing with the teaching of ophthalmology to medical students were noticed among the annotations in our last issue. The report of the Pathological Club makes no special mention of the subject, although it is included in the "outline of proposed curriculum" appended to the report. We are given to understand that the volume is not on sale but that a few copies are still available for distribution and may be obtained on application to the Secretary, Dr. H. M. Traquair, 16, Manor Place, Edinburgh.

S. S.

**Transactions of the American Ophthalmological Society.**  
Volume XVI. Philadelphia: American Ophthalmological Society. 1918.

This cloth-bound volume of 412 pages contains an account of the proceedings of the fifty-fourth annual meeting held at New London, Conn., in July, 1918. It is well printed upon good paper, is freely illustrated and includes much that is of interest. Its contents will be noticed in abstract form in these columns.

S. S.

**Communications of the Ophthalmic Hospital, Buenos Ayres, No. 1, December, 1918.** (Comunicaciones del Hospital Oftalmológico.) Buenos Ayres: Sociedad de Beneficencia de la Capital.

We welcome the appearance of a new Spanish publication on ophthalmology, the *Transactions of the Ophthalmic Hospital of Buenos Ayres*; the first number of which is to hand, consisting of a fasciculus of 160 pages. The scope of the publication is to record interesting cases, and the work of men in the Argentine, and at the same time to give in each part a digest of the more important communications which have been made to ophthalmology principally by those at home, but also by those abroad.

We do not gather from the preface either the price of subscription to the work, or how frequently its appearance is to be expected, but as the digest is concerned with publications during the first half of the year, we assume that the *Transactions* will appear at least twice a year.

The fasciculus in question is of about the same size as, and is very similar to, the monthly *Klinische Monatsblätter f. Augenheilkunde*; it is profusely illustrated, paper and printing are very good, and obviously no expense has been spared to make the *Transactions* a success.

Among the contents we notice articles by Wernicke, on Blood Staining of the Cornea; by Moraschi, on Acute Dacryo-adenitis; by Natale, on Tuberculous Periphlebitis of the Retina; by Damel, on Ophthalmoplegia; by Castro, on Spasmus Nutans; by Soriano,

on Megalo-cornea; by Marque, on Pontine Tumours; and by Barrios, on Pulsating Exophthalmos, some of which we hope to abstract for publication in this Journal.

R. R. JAMES.

**Medical Research Committee, Statistical Reports. No. 3. An Analysis of 8,670 Ophthalmic Cases treated at a Home Hospital.**

This is a report on the ophthalmic work carried out at the 2nd London General Hospital, St. Mark's College, Chelsea, from September, 1914, to the end of 1917, by Major A. W. Ormond, and is mainly statistical. Of the 8,670 cases dealt with, 5,896 were out-patients sent from various military centres and did not differ much from civilian hospital work. Major Ormond states that the Hospital was a spectacle centre for the distribution of glasses ordered elsewhere, but does not include any account of this work in the report.

The notes include 684 men blinded in the war, divided into two main classes. Those who lost their sight by a transversely passing missile, and those whose eyes were destroyed by the bursting of a shell or bomb close to, with penetration of, the globes. Towards the end of the period dealt with in this report the number of bullet wound cases diminished. The reason for this was given to the author by an officer, who said, "Ah, we have learnt to deal with snipers now." The author promises to deal with some of the more interesting cases in a later paper. It is satisfactory to hear that there was only one case of sympathetic ophthalmia, and he recovered vision of 6/9 in the sympathizing eye. The result of magnet extraction of foreign bodies was disappointing, but it is to be noted that only the severe cases were sent home, the less serious ones receiving treatment at the base hospitals in France.

In conclusion, we may draw attention to the following somewhat startling misprint which occurs in a note upon plastic operations: "the number of failures were few, the pediculi (*sic*) being sufficient to sustain the vitality of the graft," etc.

E. E. H.

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## CORRESPONDENCE.

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### A NEW FORM OF BI-FOCAL LENS.

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

SIR,—Referring to the suggestion made by Mr. E. E. Henderson, concerning the altered effectivity of spherical lenses when tilted, I