MISCELLANEOUS

are discussed, and the conclusion is arrived at that in dealing with Bell's phenomenon we have to deal with a higher reflex, whose seat is in the cerebral cortex. The importance of the phenomenon from the point of view of "localisation diagnosis" is insisted on. It is difficult to do justice to the communication in the course of a short abstract.

R. H. ELLIOT.


(4) Langdon records the notes of a father and daughter, suffering from hereditary deficiency of the light-sense, in otherwise healthy eyes. He first insists that such cases are quite in a different category from those in which there is ophthalmoscopic evidence of disease; this fact was first recognised by von Graefe. Nettleship groups them into two distinct classes: (1) those occurring indifferently in either sex, transmitted by either sex, and presenting myopic or hypermetropic eyeballs, and (2) those occurring always in males, but transmitted by females, and associated with myopia alone. The present cases fall into the first category on each of the three counts above stated. The pedigrees of other similar cases are given and discussed. All the cases had uniformly good vision, and full fields in bright illumination, but a deficiency of the light-sense, which was congenital and stationary from birth onwards. Langdon discusses the seat of the trouble, and inclines to the view that the defect is cortical, and that the condition is similar to that which produces congenital amblyopia for form, and to that which produces the many variations of subnormal colour perception.

R. H. ELLIOT.

BOOK NOTICES


This quarterly publication, which is edited by Dr. Francisco M. Fernández, and of which Dr. Jesús M. Penichet is the secretary, is an exceedingly well produced number. The editor announces in his preface that eventually he hopes to publish monthly, but that for the present, to be on the safe side, the work will appear at three monthly intervals. The journal begins with a biographical section containing notices of that grand old man of Spanish Ophthalmology, Dr. J. Santos Fernández, of Dr. H. V. Würdemann, of Seattle,
Washington, of Dr. Victor Ribon, of Columbia, of Dr. Francisco, R. Argilagos, of Dr. Martin Cohen, of New York, and of Dr. Clarence Loeb, of Chicago. The scope of the publication is the recording of original work and a review of current ophthalmology. Among the original papers in this number are no fewer than eight by Dr. J. Santos Fernández; Uribe y Troncoso, Rincones, Gonzalez of Mexico, Penichet, Martin Cohen, and Sabater of Valencia, each contributes one paper, while Espino contributes two papers, Francisco M. Fernández six papers, and Guiral two papers. Among these J. S. Fernández and Penichet write mostly on trachoma in Cuba, M. Cohen, records a case of primary intra-dural tumour of the orbital portion of the optic nerve, and Sabater contributes a lengthened paper on excision of the lacrimal sac.

The review of current ophthalmology deals with material published in 1917-1918; the matter is well arranged under various headings, while some abstracts are also given from the better known foreign ophthalmic journals, mainly French, Spanish, and American.

Notices of the more prominent ophthalmic surgeons who died in 1918 complete the fasciculus.

Paper and printing are very good, the illustrations are few in number, but of excellent quality.

The collaborators include men in all parts of the world save Germany and Austria. We note that Egypt is represented by A. F. MacCallan, India by Colonel F. P. Maynard, and England by Colonel R. H. Elliot and R. R. James.

We extend a very cordial welcome to this new journal, long may it continue; if only the succeeding numbers are as good as the first its success is assured. R. R. JAMES.

Report of the Government Ophthalmic Hospital, Madras, for the year 1917. By Lt.-Col. HENRY KIRKPATRICK, I.M.S.

An analysis is given of 928 cataract operations performed by one surgeon. Only one intracapsular operation was done; and there were only eight simple extractions.

Herbert’s method of conjunctival disinfection was followed, “practically every patient being given a full two minutes’ irrigation of 1 in 3,000 perchloride of mercury.” Three eyes were lost from panophthalmitis, one of the three almost certainly became infected some days after operation and in another the same explanation was possible. In the first of these there was a “good quiet eye on the sixth day,” and in the other iritis, and among other failures it is mentioned that “eight had irido-cyclitis.” The results therefore leave room for improvement in the matter of sepsis. It may be mentioned here that the reviewer in recent work in Northern India has found two minutes irrigation insufficient for many eyes with
considerable trachomatous scarring. The period of conjunctival irrigation has varied there from 2-3 minutes.

Another detail in the Madras procedure to which some objection may be taken is the short period of only an hour between the removal of a trial bandage (applied the previous night) and the time of operation. It is only to be expected that a bandage applied for more than the normal period of sleep must tend to encourage the growth of conjunctival organisms to a degree scarcely to be recovered from in an hour. The dressing should be removed early in the morning and the eyelids left unwashed for inspection.

Kirkpatrick adheres to the Madras practice of performing the capsulotomy before making the section, with a Bowman’s needle introduced at the point selected for subsequent introduction of the point of the Graefe’s knife. He has nothing but good to say of it. If the needle be held lightly the danger of aqueous escape is infinitesimal; and in any case the chamber can easily be refilled with saline by applying the nozzle of the McKeown irrigator to the puncture.

A block covered with a towel soaked in disinfectant and placed beside the patient’s head, is used to support the upper half of the surgeon’s forearm, thus insuring increased steadiness in making the section.

If the patient strains or rolls his eyes the speculum is removed and Smith’s lid control substituted, a double hook being used instead of the single one. And should vitreous threaten or escape, the lid is at once pulled forward on the hook. The rate of vitreous loss was only 2.59 per cent., and half the accidents were due to violent squeezing at the completion of the section.

There was the very high prolapse (of iris) rate of 4.96 per cent. It was attributed partly to replacing the dressing by a shield alone after 24 hours, and partly to rather numerous peripheral (buttonhole) iridectomies. These were evidently not found so effectual as complete iridectomies.

H. Herbert.

NOTES

WALTER T. CLEGG, of Liverpool, has died suddenly, after convalescence from pneumonia, at the age of 60 years. To begin with he settled in general practice, and for some time held the post of assistant surgeon to the Liverpool Cancer Hospital. Later, he