boat round the vast area of docks. A return to Brussels by electric train completed a most interesting and instructive day.

Such was the official part of the proceedings; but any account would be grossly incomplete which did not mention the private hospitality which was shown to many of us. A charming informal supper was given on the evening of Friday 29, by Dr. and Mrs. Schepens, where many old contacts were renewed. Dr. Hambresin's large luncheon party on the Saturday will long be remembered by those honoured with invitations; it was a sumptuous repast, the high light being a Vosne Romanée, 1923, served with fitting ceremony and imbibed with reverence and delight. Our Belgian friends have wine and serve it; what memories the very names evoked! Dr. Léon Coppez and Dr. Jean Coppez both entertained at lunch on Sunday, and the hospitality and friendly atmosphere were intensely enjoyed. It was a source of very great pleasure for visitors to be entertained in the houses of these Belgian colleagues—an intimate gesture which they much appreciated. In the evening the Honorary Secretary, Professor Appelmans of Louvain, gave a dinner party at the Restaurant Cordemans—a delightful occasion much enlivened by the pleasantries of Dr. René Onfray, Dr. Beauvieux and Dr. Sourdille.

One cannot speak too highly of the pleasure it gave to visit the Belgian capital once again. The welcome and hospitality were overwhelming; it was a Congress which will be ever remembered by those fortunate enough to be there. The post-war recovery is astonishing; the shops are full and the cafés crowded, the people are gay and charming. One looks forward to renewing one's memories and getting full scientific value by reading the Bulletin in due course, in which it is understood a complete account of both the academic and social activities is to appear.

British ophthalmologists acclaim their Belgian colleagues, and offer their congratulations and good wishes to the Société Belge d'Ophthalmologie on this auspicious occasion.

ABSTRACTS

I.—LENS

- (1) **Reese, A. B. (New York).—Congenital cataract and other anomalies following German measles in the mother.** *Amer. Jl. Ophthal.*, Vol. XXVII, p. 483, 1944.

(1) **Reese** discusses Gregg's report about "Congenital cataract following German measles in the mother" published in the Transactions of the Ophthalmological Society of Australia about a severe

epidemic of German measles in Australia during the summer of 1940. In these cases and in the three reported by the author German measles was contracted during the first and second months of pregnancy. A dense nuclear cataract was present in one or both eyes. The anterior chamber was often quite shallow and the globe smaller than normal. The pupil responded badly to atropine and there was constitutional intolerance to this drug in many instances.

Other congenital anomalies noted in these cases were microcephaly, morbus cordis, deaf mutism, and retarded mental development.

H. B. STALLARD.

- (2) Wolfe, O. R., Wolfe, R. M. and Geogation, P. (Marshall Town, Iowa).—Dissection of congenital (cataractous) dislocated lens. *Amer. Jl. Ophthalm.*, Vol. XXVI, p. 1313, 1943.

(2) Wolf, Wolf and Geogation describe the case of a boy, aged 6, with bilateral congenital dislocation of opaque lenses. The dissection was effected by two needles, below a straight needle was used to transfix the lower pole of the lens, with the other needle, which was curved, a cruciform incision was made into the capsule and cortex. Vision 20/15 was obtained in both eyes.

H. B. STALLARD.

- (3) Guyton, J. S. and Woods, A. C. (Baltimore).—Oral use of prophylactic sulfadiazine for cataract extractions. *Amer. Jl. Ophthalm.*, Vol. XXVI, p. 1278, 1943.

(3) Guyton and Woods discuss the value of sulphadiazine as a prophylactic against intra-ocular infection after cataract extraction. Three grammes were given by mouth the night before operation and 1 grm. 3 hourly for 7 days after operation in 312 cases. Two control series were taken (1) 159 extractions performed with a technique similar to the test series and (2) 642 extractions, done with various technical differences, from 1926 to 1938. In the sulphadiazine series infection occurred in 1.6 per cent., in the first control series in 7.6 per cent., and in the second control series in 9.7 per cent. Powdered sulphadiazine was tried locally in the conjunctival sac but abandoned as it caused irritation.

H. B. STALLARD.

- (4) Kirby, D. B. (New York).—The development of a system of intracapsular cataract extraction. *Amer. Jl. Ophthalm.*, Vol. XXVII, p. 124, 1944.

(4) Kirby discusses technical modifications in the operation of intracapsular cataract extraction in order to deal with developmental and structural defects in the zonule, lens capsule and hyaloid membrane, and in dislocation of the lens. In the author's

surgical experience 15 per cent. of zonules are fragile, 70 per cent. have average resistance and the remainder have above the average resistance and resiliency. He found no age group into which these three classes fall, but observed early deterioration in certain Asiatic groups.

In rupturing the zonule the author applies pressure with the flattened point of a muscle hook at 6 o'clock before making traction and rotation of the lens. Then pressure is made successively at 8 and 4 o'clock, a slight stripping movement is used designed to slide down over the convexity of the equator and release the zonular fibres from their attachment. The pressure is rather sudden and sharp and varies in different cases, indenting the cornea 2 to 3 mm. When part of the zonule is ruptured it is easier to pick up the capsule with forceps. Preliminary pressure on the zonule is contra-indicated where there is increased intra-vitreous pressure as judged by gaping of the wound and repeated prolapse of the iris after replacement. The author favours Verhoeff's technique of grasping the lens capsule at 12 o'clock. He moves the forceps to 2 o'clock and makes counter-pressure with a flattened point at 8 o'clock and then to 10 o'clock with the forceps and 4 o'clock with the pressure point.

The author considers that 5 minutes should be sufficient to effect the delivery of the average cataractous lens.

In cases where the zonule is resistant the author uses his technique of stripping. The elbow of the lens-expressor hook is applied to the curved surface of the equator of the lens and the zonular lamella, which is under tension by being lifted with capsule forceps, is stripped from the equator in a clockwise and then counter-clockwise direction. The author stresses the importance of lifting the lens with capsule forceps away from the vitreous before stripping is done. If this is not done vitreous may be lost as indeed happened in only one case in a consecutive series of nearly 300 patients.

H. B. STALLARD.

- (5) **Bischler, Vera.**—**Binocular vision in aphakia.** *Ann. d'Ocul.*, Vol. CLXXVIII, p. 273, 1945.

(5) **Bischler** contends that, although limitation of the visual field is admittedly a great disadvantage in unioocular aphakia, yet a still greater handicap is entailed by deprivation of binocular vision. In later life it is far less easy for a person to re-educate his spatial sense to conform with the unioocular state. Going down stairways, stepping-off kerbs, pouring liquid into a glass, and assessing the distance of vehicles, become difficult manipulations for an elderly unioocular subject who has been able to see stereoscopically for most of his life. Therefore operation on the second eye of patients

suffering from senile cataract is to be strongly advocated, unless the victim is very decrepit.

According to the author, many ophthalmologists erroneously suppose that stereoscopic vision is rare or impossible after a double cataract extraction. She, on the other hand, found that 50 cases of bilateral aphakia possessing equal visual acuity in the two eyes, but otherwise selected at random, achieved stereoscopic vision, with 3 exceptions. Of these exceptions, however, 2 had almost certainly never possessed that faculty, and the remaining subject was incapable of sufficient concentration to permit valid testing. The investigations on this series of 50 cases included estimation of visual acuity, both near and distant; examination by means of Worth's lights, the bar-reading apparatus, the Pugh orthoptoscope, and Bielschowsky's heterophorometer.

J. H. DOGGART.

II.—MISCELLANEOUS

- (1) **Pino, R. H. and Hultin, G. L. (Detroit).—Treatment of asthenopia — non-pathologic and non-refractive in origin.** *Amer. Jl. Ophthal.*, Vol. XXVII, p. 520, 1944.

(1) **Pino and Hultin** studied 125 cases of asthenopia in patients who were not relieved by other means. There were no cases of muscular anomalies in this group. The ages of the patients were between 12 and 54 years. The authors gave orthoptic exercises to these patients on the principle that massage afforded relief to stiff, congested and painful muscles anywhere in the body. These exercises were given for 3 to 21 sessions. Seventeen of the 125 failed to respond satisfactorily to remedial exercises. The authors blame the patients' poor co-operation for this.

H. B. STALLARD.

- (2) **Weiss, C. (San Francisco).—The geographical distribution of ocular infections.** *Amer. Jl. Ophthal.*, Vol. XXVII, p. 175, 1944.

(2) **Weiss** gives a table divided into 10 sub-sections each of which sets out the ocular diseases of a tropical and subtropical nature seen in these countries. This list is compiled with a view to helping medical officers in the fighting services engaged in theatres of war where these diseases are found. A list of 10 references is given.

H. B. STALLARD.

- (3) **McKay, E. D. (M.C.) A.U.S.—New technique in orbit reconstruction following radical surgery.** *Amer. Jl. Ophthal.*, Vol. XXVIII, p. 1017, 1945.

(3) **McKay** describes the reconstruction of a socket after excision of an eye with the bulbar conjunctiva for squamous-celled carcinoma. The floor of the socket was treated with the heparinized serum of the patient. A split-skin graft was applied to a glass mould, with its raw surface outwards. This surface was painted with thrombin (5,000 units in 5 c.c. of isotonic saline) and the glass mould and graft inserted into the socket. The graft took satisfactorily and a prosthesis was fitted.

H. B. STALLARD.

- (4) **Eggers, H. (M.C.) A.U.S. (Oakland, California).—A new type of enucleation implant.** *Amer. Jl. Ophthal.*, Vol. XXIX, p. 1015, 1945.

(4) **Eggers** maintains that an implant into Tenon's capsule after excision of an eye is less likely to be extruded if it is fenestrated so that fibrous tissue may entwine its skeleton structure. He used an acrylic implant with six windows, the framework being one-eighth of an inch thick.

H. B. STALLARD.

BOOK NOTICE

Bacteriological and Clinical Observations on the Treatment of the Acute Ophthalmias of Egypt with Sulphonamides and Penicillin. By BLAND, J. O. W. and WILSON, R. P., Cairo. Fourteenth Report of the Memorial Ophthalmic Laboratory, 1939-1946. Ministry of Public Health. Schindler's Press, Cairo. Price, 25 Pt.

Previous communications show that sulphapyridine is much more effective in the treatment of the acute ophthalmias than sulphanilamide, especially so in the case of Koch-Weeks infection. Of the newer drugs sulphadiazine and sulphathiazole are less toxic than sulphapyridine and as efficacious. In the following research the criterion has been the bacteriological state of the conjunctiva, which is easily observable, and not any particular blood concentration. It was found that the bacteriostatic effect of both the sulphonamides and of penicillin persists long after the effective blood level has fallen below what is ordinarily considered to be required. Three principal points were elucidated :—

1. The effect of various sulphonamides on the pathogenic flora in the acute ophthalmias common in Egypt, the Koch-Weeks bacillus and the gonococcus.