a cheque, broke through the cane work of the seat, and after its repair we kept it at home for less ponderous visitors.

The impedimenta of our craft are of course essential and are too well known to need enumeration. Among the luxuries one would include a couch or sofa in case any minor surgery has to be performed on a patient in the supine position. Here, we may state our conviction that it is a mistake to turn the consulting room into an operation theatre. Even chalazia are much better attended to in a nursing home and the charge for the temporary use of the theatre for this small operation does not add much to the patient's expenses.

The room should be furnished for what it is:—a professional man's office. If you have any really valuable furniture, or "rare and curious old masters" you can have these in the room if you like, but our own feeling is in favour of keeping these in the more private parts of the house.

Good blinds and curtains are a necessity unless of course a proper dark room has been constructed in a recess.

A man's hobbies are sometimes reflected in his consulting room. A fisherman may have a stuffed carp in a case on the wall, a big-game enthusiast, a tiger skin on the floor. A mountaineer, a picture of the Matterhorn, or a pair of ice axes placed in saltire over the chimney piece. The gentleman who used the writer's consulting room before he came into residence had been a first class pistol shot, and several cases of pistols were there.

ABSTRACTS

MISCELLANEOUS

- (1) **Reese, A. B. (New York).—The iridencleisis operation for glaucoma.** *Arch. of Ophthal.*, Vol. XXXIV, No. 5, p. 360, December, 1945.

(1) The technique evolved by Reese has as its objects:

1. Cutting of the sphincter muscle.
2. Reaching the periphery of the iris with the radial cut.
3. The absence of the root of the iris over the coloboma.

It is carried out as follows, under retro-ocular novocaine and adrenalin. The point of the keratome engages the conjunctiva 10 mm. from the limbus, and drags it down to within 2 mm. of the limbus, where it incises the sclera, being pushed on until at least $\frac{3}{4}$ of the blade is within the anterior chamber. The conjunctival opening is enlarged on each side with scissors, the iris grasped at the

pupillary margin with forceps. An assistant holds the iris on the opposite side, and he and the surgeon withdraw it until an iridodialysis is just noted. A radial cut is then made through the iris into the iridodialysis opening, the assistant releases his forceps, and the operator incarcerates each pillar into the corner of the wound with minimum manipulation. The conjunctiva is closed with interrupted silk sutures, and no drops are instilled. It is important for the keratome to enter the anterior chamber in, or close to, the angle, in doing so the point of the keratome may engage the iris, pushing it ahead, and so producing a peripheral dialysis, which is rather an advantage than otherwise. The commonest fault is for the incision to be too far forward. After dividing the iris, the ends should be allowed to curl over, so as to form two tubes lined by pigment, since this is the most advantageous condition for establishing drainage. In order to facilitate this, the lips of the wound may be separated a little, by grasping the conjunctival flap and pulling it forwards at the time of the incarceration. In discussing indications, the author states that iridencleisis is suitable for cases with a peak pressure of 40-50 mm. Hg and a basal pressure of 30 or less. When the pressures are higher, it is advisable to combine it with a sclerectomy. It may be used in secondary glaucoma with inactive iritis, and in buphthalmos. Contra-indications to the operation are, in the author's opinion, cases in which one or more previous surgical procedures have failed, cases of long standing glaucoma in which the iris has become vascular and atrophic, and in acute glaucoma, for which he has found broad iridectomy to be adequate.

In the discussion following the paper, Minsky gave a useful method of determining the correct site for the scleral incision. The limbus below is focally illuminated, and a brilliant crescent appears above on the sclera at the periphery of the anterior chamber. The point of the keratome should be engaged at the very edge of the crescent, and passed through the sclera in the plane of the iris.

F. A. W-N.

- (2) **Fisher, J. A. (Ashbury Park, New Jersey).—Severe laceration of an only eye with recovery of useful sight.** *Amer. Jl. Ophthalm.*, Vol. XXIX, p. 1014, 1945.

(2) **Fisher** emphasises the importance of conservative treatment in cases of severely injured eyes. His case illustrates that even an eye with an extensive scleral rupture involving nearly half the globe with iris prolapse, extrusion of the lens and vitreous haemorrhage may recover to 20/50 vision after wound toilet and scleral suturing.

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- (3) **Schultz, A. (M.C.) A.U.S. (Fort Devers, Massachussetts).—Boeck's sarcoid with uveo-parotitis and dacryoadenitis.** *Amer. Jl. Ophthal.*, Vol. XXIX, p. 1010, 1945.

(3) Schultz describes a case of Boeck's sarcoidosis with the unusual association of uveoparotitis and dacryoadenitis. He suggests that this corroborates the mounting evidence that uveoparotitis and Mikulicz's syndrome are frequently manifestations of Boeck's sarcoid.

H. B. STALLARD.

BOOK NOTICES

Penicillin—Its Practical Application. General Editor: PROFESSOR SIR ALEXANDER FLEMING, M.B., F.R.C.P., F.R.C.S., F.R.S., Professor of Bacteriology in the University of London, St. Mary's Hospital, London. Pp. 362, 59 illustrations. London: Butterworth and Co. 1946. 30/-.

The purpose of this book is to give an authoritative guide to medical practitioners in the use of penicillin. Under the general editorship of Professor Sir Alexander Fleming a number of authors have contributed chapters concerning the chemistry, pharmacology, pharmacy, and manufacture of penicillin; the bacteriological control of penicillin therapy and its methods of administration. Its clinical use in various specialties is described by experts in these particular branches of medicine and surgery. Professor Sir Alexander Fleming has written an admirable account of the history and development of penicillin and the bacteriological control of penicillin therapy.

Professor Arnold Sorsby has written the chapter on ophthalmology. In this he deals ably with the therapeutic use and dosage of penicillin in certain inflammatory disorders of the eye and its adnexa. Here as elsewhere in this book it is not claimed that the last word has been said on the technique of application and the dosage of penicillin. With the production of purer forms of this valuable agent larger doses may be administered and severe infections such as cavernous sinus thrombosis and endophthalmitis may be controlled and the patient saved from the ravages of such serious disorders. Further laboratory and clinical research is going on and improved methods of using penicillin are becoming evident.

There is much of both scientific and clinical interest in this book which fills a pressing need at the moment. It is certain that it will be widely read. The production and illustrations are good.