BOOK NOTICE

Ophthalmia Neonatorum. By Professor Arnold Sorsby. Published for the Institute of Ophthalmology by Hamish Hamilton Medical Books.

This monograph is the first to be issued under the auspices of the Institute of Ophthalmology, and constitutes a notable addition to the literature on the subject with which it deals. The author is a well-known authority on ophthalmia neonatorum, and much of what he relates is from his own experience. As Sir Allen Daley states in a foreword, the author "writes from very long and personal experience of the treatment of this condition . . ." and "this monograph brings up-to-date all the available knowledge, statistical and clinical, and contains an important section on prophylaxis."

Points brought out by statistical investigation are that, although there has been a gratifying decline in the incidence of impaired vision and blindness from ophthalmia neonatorum, there is no valid reason for believing that the incidence of the disease itself has declined to any marked extent. This is due to various causes, such as ineffective ante-natal treatment of the mother, and the failure to recognise the composite aetiology of the disease—the gonococcus being responsible for only 25 per cent. of cases, while at least 10 per cent. are due to virus infection.

In the clinical section, striking evidence is adduced to show the superiority of sulphonamide therapy over the older methods of treatment, and of penicillin therapy over sulphonamides. So much is this the case that the author gives it as his opinion that general sulphonamide therapy is already obsolete as a routine procedure.

Technique is all important in the use of penicillin, and is given in full detail. When this is followed, cure of the disease may be obtained in a matter of hours.

It is hoped that this monograph will have a wide circulation, not only among ophthalmologists, but also among obstetricians and public health authorities.

CORRESPONDENCE

LOCALISATION OF INTRA-OCULAR FOREIGN BODIES

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—In the November number of your Journal Kraus and Briggs published a localisation method for intra-ocular foreign bodies which, I am afraid, is based on a faulty conception of anatomical facts.
The authors try to trace the eyeball on the X-ray film using a radiopaque indicator, this touching the centre of the cornea in three different positions of the eye on one plate. The three points thus obtained are assumed to lie in the circumference of a circle representing a section of the eyeball. This is not so.

1. The anterior-posterior axis of the normal eye is longer than the vertical axis owing to the presence of the cornea. A circle described by a point situated centrally on the cornea will therefore be appreciably bigger than the eyeball (see Fig. 1).

![Fig. 1](image)

Cont. Line: Real size of eye.  
Broken Line: Position of cornea looking up and down.  
Dotted Line: Apparent size of eye on X-ray film.

2. This error will become more pronounced in myopic eyes with a marked elongation of the eyeball (see Fig. 3).

3. Another inaccuracy lies in the fact that the method gives the rotation centre, not the geometrical centre, of the eye; these points are not identical, the rotation centre lying more than one millimetre behind and slightly nasally from the geometrical centre. The method uses, however, the rotation centre to construct the geometrical shape of the eyeball (see Fig. 2).

4. Moreover the rotation centre is not a fixed point for all positions of the eyeball; it moves within the space of at least one cubic-millimetre as the position of the eye changes.

It will be seen that the relation of the foreign body to the sclera cannot be found with any accuracy as the circle which is assumed to be a section of the eyeball is in reality an imaginary geometrical construction, a circle with the rotation centre as its centre and its distance from the centre of the cornea at its radius.
The only correct measurement obtained is the distance of the foreign body from the centre of the cornea, and, in the p.-a. view, the meridian. To find these data, it would, however, be much simpler to take one lateral and one p.a. view, while a metallic object, say a lacrymal probe, touches the cocainized cornea.

Finally, in plotting the distance of the incision point in the sclera from the limbus another mistake occurs. The method prescribes to deduct the radius of the cornea from the plotted distance between its centre and the point of the sclera nearer to the foreign body ("P" in Fig. 9, Kraus and Briggs) to get the distance between this point and the limbus. This must inevitably lead to a faulty result; the radius of the cornea must be deducted from the circumference of the segment CP and not from the chord y to get the correct distance (Fig. 9, Kraus and Briggs).

The errors of calculation of this new method are not trivial in spite of being in the region of millimetres or fractions of millimetres. They are big enough to prevent the authors from approaching the goal they have set themselves—to improve on the methods available at present.

Several errors can be avoided by slightly changing the method. So, e.g., the error described under (1) will not occur in the normal eye if the indicator touches the limbus and not the centre of the cornea; this would also obviate the error omitted in plotting the distance between limbus and incision point. (It, would, however, still lead to a wrong result in higher myopia with elongation of the
NOTES

axis of the eye). But even then one would obtain the rotation
centre which would have to be used to find the geometrical centre of
the eyeball (1.2 millimetres in front in the lateral view).

In any case the method requires complicated apparatus, cumber-
some calculations and has no better anatomical foundations than
the simple ring method which, as the authors admit themselves, has
"worked reasonably well in a high percentage of cases."

Yours faithfully,

H. J. STERN, Major, R.A.M.C.

NO. 43 GENERAL HOSPITAL,
M.E.F. December 16, 1945.

NOTES

The Eye-Bank for Sight Restoration Inc.
210. East 64th Street,
New York. 21, N.Y.

They arrange the call-up of patients awaiting corneal transplants
and are able to give these 24 hours notice of the receipt of corneal
tissue for grafting. Another purpose of this service is to extend the
teaching of the technique of corneal transplantation to more eye
surgeons and to establish a fellowship for wider research in the
pathology of the eye.

To date more than 50 hospitals in 9 states are co-operating with
the Eye Bank to help the improvement of vision in America's
estimated 15,000 persons blinded by corneal affections.

* * *

Honours

In the New Year's Honours List, Sir Stewart
Duke-Elder has been awarded the K.C.V.O.

Miss Ida Mann has been elected an Honorary Member of the
American Ophthalmological Society.

* * *

International Association of Medical Press

The Association plans in 1946 to issue a
bibliographical bulletin of the latest books
published in various parts of the world, and
requests the editors of such periodicals to bring this enterprise to
the attention of their readers so that authors, editors, and typo-
graphers may send the Association copies of their publications, or at
least all the necessary bibliographical facts.