
Good results in the control of syphilitic optic atrophy by malaria therapy are reported. These are explained on the basis that the degeneration of the optic nerves is due to an inflammatory process which is arrested by malaria therapy.

Routine treatment with trivalent arsphenamine, bismuth and mercury is entirely inefficaceous in syphilitic optic atrophy, and the patient will become blind almost as rapidly as if he had received no treatment at all. No clinical data or details of treatment are given.

A. F. MacCallan.


Vidal and Malbran suggest that in accordance with the theory that aqueous humour is a dialysate retinal arterio-sclerosis diminishes the blood supply and causes disturbance of ocular cellular metabolism thus leading to diminution of ophthalmotonus.

They make use of (1) neuro-artenular and neuro-capillary tests (2) ophthalmotonometer control (3) fundus examination (4) numerous anatomo-pathological examinations on leptomeningeal arterioles to classify cases of retinal angio-sclerosis according to predominance of lesions. Their classification is as follows:—(1) arteriolo-sclerosis. (2) phlebo-sclerosis. (3) mixed form. (4) capillarosis.

They further subdivide the first group into 3 sub-groups, viz.:—(1) arteriolar atheroma, *i.e.* subendothelial proliferation. (2) arteriolar sclerosis, *i.e.*, sclerosis of middle coat. (3) mixed form—the most common.

Francis J. Damato.

(3) Vidal, F. and Malbran, J. (Buenos Aires).—Chronic primary glaucoma and volume of globe. *Arch. de Oftal. de Buenos Aires*, Vol. XX.

Vidal and Malbran find that in chronic primary glaucoma the volume of the globe is decreased in 90.48 per cent. of cases. It is increased in hypertension due to various causes in 21 per cent., normal in 50 per cent. and decreased in 8.57 per cent.

They use Wintrobe's haematocrit and potassium orealate as an anticoagulant.

Francis J. Damato.

(4) Pereira and Tolosa describe a case of continuous suppuration in the conjunctival sac of the right eye coming from the superior lacrimal canaliculus. The lower lacrimal canaliculus and lacrimal sac were patent. Probing of the superior lacrimal canaliculus with Bowman’s probe, controlled by radiographic examination revealed a dacryo-ethmoidal fistula. Examination of the nasal sinuses showed a sinusitis of the ethmoid and maxillary antrum. Treatment of the sinusitis was followed by disappearance of the pus and closure of the fistula.

FRANCIS J. DAMATO.

BOOK NOTICES


As Professor Fabry says in his preface, it is an enterprise “singulièrement hardie,” in the present state of science and technology, to write a comprehensive treatise on physiological optics. M. Yves le Grand’s work will be in three volumes, of which the first, now under consideration, deals with the dioptics of the eye and its correction. Vol. II will treat of visual sensations of light and colour; and Vol. III of vision of details (visual acuity), movements, and relief. Even this programme does not embrace the whole of physiological optics as exemplified in the classic treatise of Helmholtz; and it is indeed probable that this great work could be satisfactorily brought up to date only by the combined efforts of a carefully selected team of experts. In the meantime it may be said at once M. Le Grand’s first volume adequately fulfils the requirements for the section on ocular dioptics and its correction as long as one confines oneself to Gauss’s approximation, i.e., to rays of light near the axis of homocentric lens systems. These are the laws of optics with which the student of ophthalmology is familiar, and the mathematics involved is of an elementary character. M. Le Grand has confined himself to the simplest possible mathematical developments, and most of those found in this volume should be easily understood. Both Prof. Fabry and the author are indeed caustic critics of Gullstrand’s appendices to the third edition of Helmholtz’s work. The former says that he