

## CORRIGENDA

WILLIAM CHESELDEN (1688-1752)

It has just come to our notice that in Kirby's "Surgery of Cataract" (J. B. Lippincott Co., Philadelphia, 1950), p. 22, one of the greatest pioneers of English surgery is described as a "well-known charlatan". Cheselden was certainly well-known, not only to the staff of St. Thomas's Hospital, but throughout the world, and today his portrait occupies an honoured place among the great in the Royal College of Surgeons in England. Not only was he the first to practise the operation of iridotomy but his contributions to general surgery were immense and classical.

## CORNEAL NERVE FIBRES

DRS ZANDER and WEDDELL regret that their paper "The Reaction of Corneal Nerve Fibres to Injury" (*Brit. J. Ophthalm.*, 35, 61) appears to suggest that Dr. F. C. Rodger had stated in his paper "The Pattern of the Corneal Innervation in Rabbits" (*Brit. J. Ophthalm.*, 34, 112) that the cornea contained sympathetic nerve fibres. Dr. Rodger described two anatomically distinct types of fibre in the rabbit cornea, and remarked on the interesting similarity of one of them to nerve fibres seen in the vicinity of blood vessels in the skin and iris, but he did not conclude that these fibres were sympathetic in origin.

## BOOK REVIEW

**Genetics in Ophthalmology.** By ARNOLD SORSBY. 1951. Butterworth, London. Pp. 251, 233 figs (10 col.) (42s.).

In the preface the author places ophthalmological genetics in perspective by indicating that infective diseases have been replaced by cataract, glaucoma, myopia, senile macular degeneration, and a group of congenital, hereditary, and developmental defects as the main causes of blindness. None of these is explicable in terms of bacteriology and all may have a genetic basis. It has become apparent that, in medicine, the constitutional factor, as opposed to the extraneous factor, of disease has come to be the starting point for further advance.

The first section of the book proceeds from a description of the behaviour of the nucleus during division of the germ cell to build up, step by step, the theoretical knowledge which we have inherited from past workers on the modes of inheritance, the gene and chromosome types of inheritance (illustrated by human pedigrees), and clinical varieties of genetic disease. This section closes with a discussion on the prospects of the control of genetic disease, drawing from experiences with diabetes, Rh factor, acholuric jaundice, etc., a modest optimism. Experimental medical genetics is briefly touched upon, and sound advice is given regarding the responsibility of the physician in guiding patients about the possible transmission of their inherited defects.