
This comprehensive volume on trachoma is embellished by coloured plates, fifteen of which appeared in the “Atlas de biomicroscopie de l’œil” published by the Société française d’Ophtalmologie in 1934, as the result of the painstaking labour of Cuenod and the present author. Their display at the Ophthalmological Congress in that year created a sensation, which was shared by the reviewer who was present.

The author has had an enormous experience of trachoma in Tunisia; he was at first assistant to Cuenod, the grand old man of trachomatology, and now he follows in Cuenod’s footsteps. Cuenod and Nataf opened the eyes of trachomatologists to the importance of slit-lamp examination in all cases of conjunctival inflammation, with special reference to its absolute necessity in the precicatrical stages of trachoma.

Nataf is a member of the Expert Committee on Trachoma set up at Geneva by the World Health Organization, and he now provides our first information regarding some of this committee’s activities. MacCallan’s description of the four stages of trachoma have been adopted for administrative purposes, but certain symbols are added for clinical and scientific appreciation of the varieties of the disease; these the author describes, but they appear to him to be somewhat complicated.

Nataf’s operation of combined excision of tarsus and conjunctiva for trichiasis-entropion, which differs from that described by Heisrath and Kuhn, and later by MacCallan, has been performed with success on about 40,000 persons. It comprises an incision along the free border of the lid, as first described by Anagnostaki, and, after a skin incision, the removal of some tissue from the dorsal surface of the tarsus as in Streatfield’s operation.

The treatment of the second stage of trachoma by mechanical therapy, which Nataf calls xysis, has given immediate and satisfactory results in the great majority of cases during the last 25 years. Now that sulphonamides and antibiotics are available they may be used with advantage, though they have no specific action on the trachoma virus, and xysis is commonly employed as the main line of treatment in Tunis.

This attitude to the treatment of trachoma, which to the reviewer appears to be sound, is entirely contrary to that appearing in the Report issued in 1952 by the Expert Committee at Geneva mentioned above. In this report in French and English (Revue Internationale du Trachome, 29, 275, 1952) it is stated that mechanical treatment is unjustified except in a limited number of cases, complete reliance being placed on ingestion of sulphonamides and local application of antibiotics.

The author devotes eighty pages to the chapter on aetiology, pathology, and experimental research. He concludes that trachoma begins as an epitheliosis, but that the process is not limited to the epithelium, as it extends to the subepithelial tissue and, in all long-standing cases, to the tarsus. The aetiological agent appears to be a parasitic corpuscular virus which he calls Prowazekia trachomatis. As the first report on the subject was published in 1907 under the combined authorship of Halberstaedter and Prowazek, a discovery which initiated all virus research, it seems that the appellation Halberstaedter-Prowazek Körperchen, abbreviated to H.P.K., is only doing justice to the

A chapter on the physiopathology of the trachomatous eye has been contributed by Jean Sédan, who has made this subject his own. He remarks that few authors have noted the frequency of increased tension of the glaucomatous eye, among them Cuénod, Nataf, and Bietti. He has forgotten that MacCallan (1921) (Egyptian Ophthalmic Hospitals Report for 1921) found that out of 127,223 new patients examined, 1.77 per cent. exhibited signs of primary glaucoma, and 1.34 per cent. absolute glaucoma.

The difficult question of trachoma prophylaxis in the family, at school, and at work is discussed. “Dès sa naissance, a dit MacCallan, l'enfant de mère trachomateuse est fatalement destiné à contracter la maladie”. However, according to the report of the Committee of Experts of W.H.O. (*Rev. int. Trachome*, 29, 275, § 3.1, 1952), “trachoma is to be considered only slightly contagious”.

At school adequate prophylaxis may be attained if meticulous precautions are taken; trachoma contracted in the Army, or while at work in a factory, or claimed to be so contracted, or stated to be the result of an accident while at work, has been the cause of numerous legal claims in France.

The book is the same size as the Bulletins of the Société française d'Ophtalmologie. The printing and paper are excellent; the author and the publisher are both to be congratulated.


Pascal’s mode of writing, of tackling what appear to be difficult problems in optics and of rendering their solution apparently simple, are well known to readers of this Journal. He is an original thinker who has no objection to, in fact almost an affection for, unconventional methods and these are fully exemplified in the 46 chapters and appendix which go to the making of this book, a work based upon 40 years teaching experience. As stated in the preface, the author does not attempt to cover the whole field of visual and physiological optics, but has merely selected certain topics which he feels need clarification, and these he treats in a way which he hopes will stimulate thought and further research.

A good example of Pascal’s method is afforded by his use of the metric unit of curvature of a lens. This unit is the reciprocal of the radius of curvature in metres and its employment in the Dam formula simplifies such problems as working out the optical power of the anterior or posterior surface of the cornea, of the crystalline lens in the eye, and of thick lenses generally.

Another useful conception is the accommodative unit, i.e. the amount of accommodation in dioptres necessary for focusing an object 1 metre from the eye. In corrected hypermetropes this is greater than unity and in corrected myopes less, a matter which is of some importance in the correction of presbyopia, especially in cases of anisometropia. The author's best-known work is probably that in connection with the use of the cross cylinder and his convincing demonstration of the necessity for keeping the astigmatism mixed during the test. This, needless to say, is gone into in considerable detail in the course of some 33 pages.

That the author has had much experience with students, is shown by the many mnemonics he quotes, and by his wisdom in reserving the treatment of geometrical optics until chapter 35, when it receives full consideration. He also discusses matters other than the purely optical, and touches for example on orthoptics and the Bates system. In the