

The Brain and the Eye. (Gehirn und Auge). By R. BING and R. BRÜCKNER. 1954. Pp. 248, 147 figs. Schwabe, Basel. (*Swiss Frs* 28; 50s.).

This is a short and concise handbook on ophthalmic neurology. The book opens with a short description of the nervous organization of the visual system—the peripheral sensory apparatus of the eye, the reflexes associated with its various activities (pupillary, labyrinthine, cortical, etc.), its motor activities, the visual pathways and centres, and the associated autonomic system. The main part of the book, which discusses clinical pathological conditions, is divided into sections: motor anomalies, sensory and trophic disturbances, diseases affecting the visual pathways from the chiasma to the cortex, and diseases of the brain and nervous system which affect the visual system secondarily or incidentally; a final section describes diagnostic methods of ophthalmological interest for elucidating central nervous diseases—a comprehensive section including the clinical examination of the retina, the pupillary reflexes and accommodation, ocular movements and nystagmus, perimetry, exophthalmos, lacrimal secretion, and so on. The book is written simply and clearly as for the senior student or practitioner, the illustrations are unusually clear and adequately explain the text, and the comfortable impression is conveyed that ophthalmic neurology is after all not so formidable a subject as may sometimes have been thought.

NOTES

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

74th Annual Congress, 1954

The Society's 74th Annual Congress was held at Newcastle-upon-Tyne, under the presidency of Mr. Alexander MacRae, on April 22, 23, and 24. One hundred members were present. After a short introductory speech by the President, the Nettleship Medal was presented to Dr. Norman Ashton, Director of Pathology at the Institute of Ophthalmology, London, in recognition of his valuable contributions to ophthalmology, his study of the anatomy of Schlemm's canal, of the aqueous veins, and of the choroidal circulation by the use of Neoprene casts being particularly mentioned.

The main discussion was on "Inflammatory Vascular Diseases affecting the Eye", the three opening speakers being Mr. R. C. Davenport (*London*), Dr. S. P. Meadows (*London*), and Professor J. B. Duguid (*Newcastle-upon-Tyne*). Davenport took for his subject retinal vasculitis, with particular reference to its association with various forms of uveitis. Four features of this association had impressed him: the long interval which may separate the retinal and uveal inflammations, their occasional alternation or simultaneous appearance, the fact that the retinal changes may affect either arteries or veins, alone or together, and the occasional siting of a venous lesion entirely within the nervehead. Four cases illustrating these features were described. The first had developed bilateral iridocyclitis 20 years after an attack of bilateral retinal phlebitis. In the second, unilateral sclero-keratitis associated with cervical adenopathy had been followed, 15 years later, by retinal phlebitis in the same eye. In the third, intermittent attacks of retinal phlebitis, uveitis, and episcleritis had continued during 13 years. The fourth patient had suffered from mild anterior uveitis, some degree of retinal vasculitis and bilateral papillitis for 2 years. In every case all investigations were negative, showing that the cause of the disease remained a matter for further research. In conclusion, reference was made to the association of retinal vasculitis with lesions of the central nervous system, particularly disseminated sclerosis.

Meadows' theme, based on twelve personal cases, was "temporal arteritis and loss of vision". After describing the distribution, incidence, and pathology of the disease, he outlined the clinical picture. There was often an initial period of malaise, anorexia, and slight fever, followed by headache and tenderness of the scalp; 40 per cent. of cases showed ocular signs of which the most common (25 per cent.) was blindness of rapid onset in one or both eyes, the second eye being affected at the same time as the first or a few days later. Ophthalmoscopy showed retinal arterial occlusion in a few instances, but, more commonly, only moderate papilloedema. Sometimes the fundi were normal. Other neurological changes such as hemiplegia and dementia occurred. The