cases in which myopia appears to have come on as the result of physical strain in cycling, rowing, digging, boxing, wrestling, and so on, and a number of cases in which, he says, the ordinarily given causes of myopia cannot apply. But is there a single one of these cases, a number of which are detailed, in which the author is relying on anything but the evidence of a statement of the patient or of those who know him? In any case, supposing all these to be instances of myopia really caused by severe strain and nothing else, are they sufficient to prove a direct negative such as Edridge-Green suggests? It seems much more probable that both factors are at work. Heredity, perhaps the most certain factor of all, is only very casually mentioned by Edridge-Green. The author deserves thanks for his contribution towards the solution of a perennial problem, even though he has by no means disproved the theory which upholds the influence of near work.

Ernest Thomson.

BOOK NOTICES


In the last number of this journal a notice was published concerning the Ophthalmic Year Book, of Denver, Colorado. The retention of this title for what had become a three-monthly publication was noted, and now, in order to meet the suggestion of the Post Office Department that Year Book is not a proper title for a quarterly publication, the name of Year Book has been changed to Ophthalmic Literature. It will contain the same class of matter as before, similarly arranged. The present number deals with the anterior chamber and pupil, the uveal tract, sympathetic disease, glaucoma, crystalline lens, vitreous humour, and retina.

S. S.


Duverger, professor of clinical ophthalmology in the University of Strasbourg, has written a most useful work dealing with anaesthesia (and its history) in all branches of eye work. We
do not recall any book that covers precisely the same ground. According to the author, there are three decisive dates in the history of local anaesthesia in ophthalmology: 1. 1884, when the use of cocain was introduced by Koller; 2. 1891, when infiltration anaesthesia was advocated by Schleich; and 3. 1905, when novocain appeared.

In order to verify the data given by writers for reaching the nerves at their exit from the skull, Duverger has made certain measurements and researches on skulls and the dead subject, employing needles of 2.5 cm., 3.5 cm., and 4.5 cm. for the purpose of injecting fluids. He concludes that the 4.5 cm. needle should be reserved for total anaesthesia of the superior maxilla or for cases where oedema is present. A needle of 3.5 cm. to 4 cm. at the maximum suffices for everything else, and with such a needle it is impossible to wound the optic nerve, which can be readily done with the longer needle. Even the ophthalmic ganglion, which is bathed in a very loose cellulo-fatty atmosphere, as it were, can be anaesthetized by the 3.5 cm. to 4 cm. needle. A shorter needle should be preferred for superficial anaesthesia. Luer's glass syringe of 2 cm. capacity responds to almost every requirement. As to instillations, Duverger uses 5 per cent. and 10 per cent solutions of cocain hydrochloride. One or two applications of the strengths named are inoffensive, and that is why the author refuses the feebler 1 per cent. or 2 per cent. solutions used by many. Cocain for injection should not be stronger than 0.5 per cent. or 1 per cent., and of such 20 cg. has been used without danger (Reclus), but Duverger prefers not to exceed half that quantity. The author describes in detail anaesthesia of particular parts of the eye and of some diseases—eyeball, cornea, conjunctiva, anterior chamber, cataract, eyelids, autoplastic operations, lacrimal sac, lacrimal gland, strabismus, frontal and ethmoidal sinuses, and orbit. Duverger recognizes two general contra-indications to local anaesthesia, namely, young children below seven or eight years, and grave infections, as erysipelas, diffuse abscess of the lids, acute peri-cystitis, orbital abscess, and thrombophlebitis. The little book concludes with the words: "we now possess adequate means for banishing chloroform from practical ophthalmology; it is a duty to have recourse to them."  S. S.


This small book, which opens with a brief preface by Dr. Kalt, of the Paris Quinze-Vingts, is likely to be of service to practitioners in rendering first aid and often enough in treating affections of the
eye without the help of a specialist. If its statements break no fresh ground they are at least trustworthy. With regard to operations, the author merely considers those precautions necessary to secure a good result, besides devoting attention to the indications for operation. The book is made up of fourteen chapters dealing with conjunctivitis, keratitis, opacities of the cornea, scleritis, blepharitis, diseases of the lacrimal passages, iritis, cataract, glaucoma, wounds of the eye, intra-ocular lesions, detachment of the retina, nervous lesions affecting the eye, and the method of anaesthesia. It includes numerous prescriptions, and a good deal of attention is paid by the author to the newer remedies.

S. S.

Bulletins et Mémoires de la Société française d'Ophtalmologie.

The Transactions of the Société française d'Ophtalmologie for 1919 have just been issued. They constitute the thirty-second number; no meetings of the Society have taken place during the five years of war. Before the Annual Congress opened it was unanimously resolved that Germans, Austro-Hungarians, Bulgarians, and Turks should be excluded from membership. A report was received from MM. Gazowski, Morax, and Rochon-Duvigneaud urging the creation of an Institute of Ocular Physiology. About half the volume is devoted to the report by M. Terrien on the employment of Radium and of X-rays in ophthalmology, and to the discussion which followed. The remaining portion consists of papers by various authors, from the most interesting of which abstracts will be found in this Journal from time to time.

CHARLES KILLICK.

NOTES

We regret to announce that Albert Antonelli died at Paris on June 23rd last, at the age of 55, from post-influenzal pneumonia. He was the son of Giovanni Antonelli, professor of normal anatomy in the University of Naples, the city where he was born. He established himself in Paris in 1897, acting as assistant to Dr. Landolt. He founded a large clinique at 37, Boulevard de la Chapelle, which was the centre of many activities and much work of a benevolent character. Antonelli was a Chevalier of the Légion d'Honneur and