CORRESPONDENCE

OXYPHENONIUM AS AN ATROPINE SUBSTITUTE

To the Editorial Committee of the British Journal of Ophthalmology

Sirs—I in my recent article on the use of oxyphenonium as an atropine substitute (Roper-Hall, 1957) I stated that a previous atropine substitute, Lachesine, had been withdrawn from production. This was true at the date when the article was written in November, 1956, but I have recently learned that Lachesine is now being manufactured again.

Yours faithfully,
M. J. Roper-Hall.

139 Moor Green Lane,
Moseley, Birmingham, 13.
March 14, 1957.

REFERENCE


BOOK REVIEW


The value of perimetry in ophthalmology and particularly in neuro-ophthalmology has been fully established, but as long as it is considered a dull and boring procedure for examiner and patient alike, full use will not be made of the method. The reader of this book will surely find his interest stimulated and will feel challenged by the problems presented to a livelier appreciation and application of perimetry.

In spite of the fact that the author has been instrumental in developing several new and valuable methods, he emphasises again and again that the apparatus is of minor importance, and that "the man behind the perimeter is more important than the equipment he uses".

The first section of the book is concerned with technique and gives much useful advice on using such simple methods as confrontation. The standard perimeters and tangent screens are described and special techniques, such as angioscotometry, ultra-violet light with fluorescent test objects, and flicker fusion fields, are described in detail. A multiple-pattern method, using fluorescent targets for rapid routine field testing, is particularly interesting, and would be very suitable for screening large numbers of patients. The test can be done by a nurse or technician with the minimum of training and, while in no sense replacing ordinary methods, might well become a part of every routine ophthalmological examination.

The anatomy of the visual pathways is described very lucidly with the aid of excellent anatomical drawings and diagrams. The normal visual field is compared to an island hill of vision surrounded by a sea of blindness, after the manner of Traquair, whose influence throughout the book is acknowledged by his one-time pupil.

The physiological and psychological influences on the size of the fields are carefully pointed out and the necessity of adapting one's methods to the individual patient is emphasized.
BOOK REVIEW

The descriptions of abnormal fields are clearly illustrated schematically and by reference to actual cases. The style throughout is concise but highly readable. The standard of production is high, and this combined with the many illustrations probably accounts for the rather high price of £6. It is unfortunate that a text-book so suitable as a reference volume for trainee ophthalmologists and neurologists should be so expensive. Apart from its excellence as a training manual every ophthalmologist and neurologist will find something of interest and value herein.

NOTES

FACULTY OF OPHTHALMOLOGISTS

Study Tour to France, 1956.

Paris.—Under the leadership of Mr. Graham Wright, a party visited the Quinze Vingts de Paris, founded by Louis IX in 1260 for the care of 300 ("fifteen score") indigent blind persons. We saw the out-patient clinics and surgical work of Drs. Guillaumat, Schiff-Wertheimer, and Kalt; Dr. Kragevitch demonstrated the pteroptic treatment of squint; Dr. Dubois-Poulsen showed us the research laboratory, a cramped, dark, and unventilated cell in which a great deal of original work is being done on the visual fields.

Nantes.—On the fourth day we journeyed to Nantes, stopping on the way to visit Chartres Cathedral. At Nantes, in contrast to the old, but very charming, Quinze Vingts, we saw the modern functional clinics and theatres of Professor Sourdille and Dr. Legrand. We watched thirteen operations, including four corneal grafts, and saw the great emphasis which is placed on efficient anaesthesia. Dr. Tessier, plastic surgeon to the Hôpital Foch, Paris, then showed the use of a fascial sling for ectropion following facial palsy and Blair’s operation for epicanthus. Five members of our party read papers. The following day being Sunday, Professor Sourdille took us all to La Baule.

Paris.—On our return to Paris, we visited the Hôpital Curie, where Dr. Dollfus demonstrated radiotherapy. The party then divided into four groups and took turns to visit the ophthalmic departments of seven Paris hospitals. Operations and the work in the wards and clinics were demonstrated in each, and each hospital had something different to interest and instruct us. Professor Offret demonstrated paracenteses of the anterior chamber and examination of the aqueous fluid. Dr. Morax explained his special record cards for easy statistical surveys.

At a special meeting of the Société française d’ophtalmologie, held on the last day, one of our party, Dr. O. Walker, was asked to preside, and several interesting papers were given.

This was a most instructive and well-planned tour and we greatly appreciated our French colleagues’ work in organizing it, and their wonderfully generous hospitality both formal and private.

Our joy is saddened by the news of the death of Professor Sourdille who was so active and full of life, and we express our deepest sympathy to his family and colleagues.