CORRESPONDENCE

It is presumed that the ocular phenomena observed in the early stage of an attack are directly dependent on a wave of contraction of the cortical occipital vessels leading first to an impairment and then to a temporary loss of function of the cortex and therefore to temporary partial blindness.

It is further presumed that the wave of contraction of the vessels is followed by their dilatation allowing excessive blood to the region causing the intense headache and vomiting so usually associated with increased intra-cranial pressure.

The hot fomentations are applied in the hope of inducing the vessels to dilate before the muscle in their walls becomes too starved and fatigued to maintain their normal lumen. If successful in doing this not only will the first stage be cut short, but the second will be prevented.

The cold applications are hoped to cause contraction of the dilated underlying cerebral vessels, either directly or reflexly, or both.

In support of this theory it will be observed that as the vessels, with advancing age, become less elastic, and are therefore by their increasing rigidity less liable to exaggerated variations in their lumen, the attacks become, not only less frequent but also less severe.

A young doctor who suffers severely writes: “I have found the hot fomentations over the cerebellar region of great value, for which advice many thanks.”

I should like, Sir, to hear from your readers their personal experience after trial if all other treatment has failed to stop the attack.

Yours faithfully,
WILLIAM LANG.

MANUAL OF OPHTHALMIC PRACTICE

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

Sir,—In justice to the Indian artists who worked for me, and to Messrs. Thacker, Spink & Co., who produced the Indian edition of my Manuals of Ophthalmic Practice and Ophthalmic Operations, noticed in your February number, I must ask you to allow me to point out to your readers that the opinion of the plates expressed therein is unfair to them and not met with in other reviews, except that in the British Medical Journal, apparently written by the same hand. In the January number of the American Journal of Ophthalmology, Dr. Edward Jackson, the editor, honours the “Manual of Ophthalmic Practice” by reviewing it himself at some length, and begins by saying “It is somewhat startling to western ophthalmologists to
have the latest text-book on ophthalmology, and one of the best printed and best illustrated, come to us from India." And later—"The coloured plates, however, are chiefly original. A few representing fundus conditions are taken from older works, but the larger part, 50 out of the 60 figures, those representing anterior and external ocular defects and diseases, are new; and reflect great credit on the skill of the artists that produced the originals, and the care and fidelity with which they are produced. They compare favourably with those of the kind to be found in any text-book or atlas of external eye diseases of European origin."

Messrs. E. & S. Livingstone of Edinburgh are bringing out the English edition this month.

Yours faithfully,

F. P. MAYNARD,
Lt.-Colonel, I.M.S. (Retd.).

BOOK NOTICES

A Pocket Book of Ophthalmology. By ARTHUR JAMES BALLANTYNE, M.D., Lecturer on Ophthalmology, University of Glasgow, etc. Pp. 119 (interleaved). Edinburgh: E. & S. Livingstone, 17, Teviot Place. 5s. 6d.

The author's intention is to give the student a note book "to carry ... with him to lecture-room and clinic, utilizing the blank pages for the insertion of diagrams and supplementary notes."

The book begins with a short anatomical account of the eye; passes on to its development and physiology, and then, after short sections on the methods of examination, and on refraction, gives a brief account of the various diseases of the eye. The descriptions of the diseases, their symptoms and treatment, are generally as good as could possibly be compressed into the limited space.

There is one unfortunate statement on page 97, which would be a very dangerous guide to the student; that is that the incision for the removal of cataract should separate "the cornea from the sclera for about three-fifths of its circumference." Such a large incision would be followed by many disasters.

There are a few—a very few—minor lapses; thus, for example, on page 79, under the head of Reduced Intraocular Pressure, "certain forms of uveitis," are given as a cause; but neither in the index nor in the text under the head of diseases of the uvea, is there any mention of "uveitis," and from the context, the student would consider it as something quite different from irido-cyclitis.

On the whole there is nothing but praise for the way in which the author has carried out his aims.

H. GRIMSDALE.