

keratitis. He endeavoured to discover a method whereby the paralysing effect of alcohol could be limited to the orbicularis palpebrarum. If successful the blepharospasm would be relieved, but there would be no interference with the buccal musculature. He aimed at obtaining as a permanency the effect on the orbicularis induced transiently by the injection of novocain. In the paper under review **Van Lint** records the case of a man, 55 years of age, with blepharospasm of four years' duration, treated by injection of alcohol into the nerve fibres innervating the orbicularis in their course along the lower outer border of the orbit. The result was very satisfactory. Three months afterwards there was no spasm of the orbicularis and winking movements were normal. The palpebral aperture appeared to be a little wider than before treatment. The author expresses some doubt as to the permanence of the cure, thinking that an interval of three months is not long enough to exclude a relapse. But the result is one which will encourage other surgeons to try his method in this most intractable malady. Those who wish so to do should consult Van Lint's paper for exact details of the technique he advises.

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BOOK NOTICES

Cataract and its Treatment. By HENRY KIRKPATRICK, M.B., Lieut.-Colonel, Indian Medical Service, retired. London: Oxford Medical Publications. Henry Frowde and Hodder and Stoughton, 1 & 2, Bedford Street, Strand. 1921.

This valuable monograph embodies an exceptional experience of responsible practical work in India. Of any retiring Professor of Ophthalmology of the Madras Medical College it ought to be true, so far as cataract work is concerned, that "what he doesn't know is not worth knowing." Wisely there is no attempt at text-book elaboration; the author expresses the modest hope that the book may be of service to the civil surgeon in India.

The early chapters deal with the development, anatomy and nutrition of the lens, the histological, physical, and chemical changes in cataractous lenses; the aetiology and varieties of cataract. The clinical varieties of senile cataract are divided into the swelling or liquefying, the shrinking, and the hypersclerotic types. Though it is not definitely stated, the first of the three varieties, which develops rapidly and passes on into the Morgagnian stage, is much commoner in India than in temperate climates. And this fact accounts for certain features of Indian work.

The symptoms, physical signs and diagnosis of cataract are given, and its non-operative treatment.

The first chapter on the operative treatment of senile cataract contains a brief discussion of the questions of intra- or extracapsular extraction, and of the simple or combined methods. These and some other discussions in the book are perhaps a trifle colourless, from the author's apparent reluctance to indicate personal preferences and convictions. The beginner may feel the want of more definite guidance. But he obtains this indirectly from the arrangement and relative fulness of the practical descriptions. The method selected for full and complete description is the ordinary "combined" operation. In the plain straightforward account of the various steps of the operation, with the preliminaries, preparation and after-treatment, lies the chief value of the book. The most experienced surgeons may consider with advantage the clear and concise directions given by a careful and conscientious observer, who for a number of years has had every opportunity of perfecting each detail of technique. It has been Col. Kirkpatrick's duty to search for the best and to test it fully. There may be many ways of carrying out each act more or less well, but one feels that one can rely on the way here chosen as essentially sound and effective. The author shows a well balanced judgment, and may well claim to speak with authority. The illustrations from photographs showing the positions of the surgeon's and assistant's hands are useful.

There have been developments in India which have never been sufficiently appreciated here owing to the fact that they have been largely the result of special conditions in patients and surroundings. Col. Kirkpatrick fully appreciates the value of maximal perchloride irrigation of the conjunctiva. With its help the Madras Hospital is able to record only twelve cases of suppurative panophthalmitis in over five thousand extractions; and four of the twelve suppurations began after the ninth day, and were therefore secondary infections. It is very difficult for surgeons in this country, who perform relatively few operations, to realize their responsibility for a small percentage of avoidable infective losses.

One of the difficulties in Indian work is from the want of control shown by many of the patients. Hence (1) the pains taken to secure complete local anaesthesia, and (2) the development of Smith's lid control and its modifications. The use of both of these safeguards is likely to spread.

In Madras a sub-conjunctival injection is made of two drops of 4 per cent. cocain solution, mixed with two drops of 1 in 1,000 adrenalin chloride solution and four drops of normal saline; this in addition to four cocain instillations. In spite of the anaesthesia

thus obtained, it is necessary in Madras to guard against attempts at "squeezing" and unsteadiness. Col. Kirkpatrick makes repeated reference to the constant control of the orbicularis after the section has been made. It may be news to many that under Smith's control the safest position during expression of the lens is with the eye looking upwards.

The Madras method of lacerating the lens capsule before making the corneal section has been in constant use there for over thirty years, but it does not seem to appeal to surgeons elsewhere. Irrigation for the removal of detached cortex is practised regularly in Madras, as it was, and probably still is, in Bombay. It is of great use for swollen lenses with much soft sticky cortex, and for the detached rims of many over-ripe shrinking cataracts; but neither of these developments is commonly seen in England.

Though otherwise very good, the account of the treatment of after-cataract appears to the reviewer to miss the main point. The want of due emphasis on the importance of the thread of vitreous which so often occupies the needle-puncture unseen, renders the description as a whole somewhat flat and unprofitable. The omission of full provision against this danger is still at times responsible for infective results which can only be considered appalling. Yet it has been conclusively shown that the danger can be fully overcome by effective conjunctival antisepsis, together with a sufficiently sub-conjunctival needle or knife puncture, the sub-conjunctival track being afterwards flattened out by pressure. Upon this question of absolute safety of "needlings" may hinge ultimately the question of intra- or extra-capsular removal of cataract.

The book should receive a hearty welcome in India, as well as here and in America. There is quite room for such an authoritative unbiassed account of present-day practice.

Pathologie Oculaire. Histo-pathologie de l'oeil et des annexes.

By V. MORAX, pp. 447, 208 illustrations. Paris: Libraire Félix Alcan, 108, Boulevard Saint-Germain, 1921. Price, 45 fcs. nett.

This volume, originally intended to form a chapter of a large work on morbid anatomy, the publication of which was prevented by the war, is chiefly remarkable for the number and excellence of its illustrations.

In an opening chapter the author deals with the practical side of the subject, describing briefly, in their various stages, the methods which should be followed in preparing secretions and tissues for microscopical examination. Here we note with interest his assertion that he has proved the superiority of Zenker's fluid

over other fixatives for ensuring good cellular fixation in all the tissues of the eyeball.

The usual anatomical classification of the various parts of the eye is adopted, a separate chapter being devoted to each structure, including the eyelids and the lacrymal apparatus. Each chapter opens with a section on the normal histology of the part, congenital malformations are next described, and finally the various diseased conditions are dealt with under their separate headings.

Apart from mentioning a few clinical facts the author confines himself almost entirely to morbid anatomy. Sometimes he refers briefly to certain theories which have been advanced to account for morbid conditions; for example, in the section on detachment of the retina, but for the most part he ignores theory altogether, as when describing primary glaucoma and sympathetic ophthalmitis. Bacteriology is briefly touched upon in appropriate places.

The book deals fully with the morbid anatomy of the eye, with brevity and clearness. To advanced students it should be invaluable as a text book, even to those whose knowledge of the French language is rudimentary, because of the quality of its illustrations.

There is a well-arranged bibliography divided into sections which correspond with the titles and sub-headings of the chapters. It would, however, be much more useful if it were more up to date.

CORRESPONDENCE

HOLTH'S IRIDENCELEISIS

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—Will you allow me to correct a serious error in the opening paragraph of Professor Holth's article in your December issue (p. 544). He writes:—" . . . especially after sclero-corneal trephining, where, according to American operators, late infection occurs in about 7 per cent. of the cases." The reference is to Fuchs' Text-book of Ophthalmology, 6th American edition by Duane, 1919, p. 512.

Duane makes it absolutely clear that he is speaking of sclerectomy as a whole, and not of any single operation, and what he actually says gives an entirely different meaning from that conveyed in the above words.

After discussing the filtering scar of sclerectomy, he writes:—" It must be admitted, however, that such a cicatrix is more liable to the danger of late infection than is a solid cicatrix.