loss of light reflexes, and amblyopia in three or four days. Nothing is found ophthalmoscopically on the first day. After two or three days the disc is veiled and woolly (flou), its edges blend with the retina; the veins are over full and the arteries restricted. From the 15th to the 30th day the disc passes through the various stages to complete atrophy, and now, in the macular region are found small greyish yellow patches which complete the clinical picture. The exact pathological lesion does not seem to be as yet quite certain, some considering that there is an interstitial neuritis, others that the retinal ganglion cells are first affected and the nerve secondarily.

ERNEST THOMSON.


(3) About 200 men drank methyl-alcohol in mistake for brandy and of these 50 suffered from severe general poisoning. Two regular drinkers had remained well in spite of considerable indulgence in the poisonous spirit. Twelve died and it could not be ascertained whether they had suffered from visual symptoms. Of the remaining 38, two showed severe visual disturbance amounting to blindness, six had small central colour scotomata, while almost all the remainder showed temporary loss of sight with normal fundi. In one case there was pain on moving the eyeball associated with marked loss of vision. Definite muscle paralysis was not observed, but one case showed slight inhibition of movement to the right side and in five there were nystagmus-like twitchings when the eyes were in extreme lateral positions. Two cases are described in detail with charts of the fields of vision showing various field defects always involving the central area. The prognosis is doubtful even if improvement occurs at first, and the treatment consists in diaphoresis with electric light baths, strychnine, iodide of potash and nourishing diet.

H. M. TRAQUAIR.

BOOK NOTICES

Official History of the War. Medical Services: Surgery of the War, Vol. II. Medical Services: Hygiene of the War, Vol. II. Printed and Published by His Majesty's Stationery Office. 1922.

Chapter XV of the volume on the surgery of the war is devoted to injuries and affections of the eye. The greater part has been written by Col. Sir William Lister, A.M.S., Consulting Ophthalmic Surgeon to the British Expeditionary Force in France. The
section on "Wounds and Intra-ocular Foreign Bodies" is the work of Capt C. B. Goulden, R.A.M.C. (T.), who was Ophthalmic Specialist in charge at Rouen. The section on "Ophthalmic Work in Macedonia," is from the pen of Major C. H. Usher, R.A.M.C. (T.), Ophthalmic Specialist, Salonika Expeditionary Force, and that on "Ophthalmic Work in Egypt" is by Lt.-Col. H. L. Eason, R.A.M.C. (T.), Consulting Ophthalmic Surgeon, Forces in Mediterranean and Egypt.

The 53 pages of this chapter contain a clear, but owing probably to the exigencies of space, a concentrated account of the elaborate organization and the conduct of the ophthalmic section of the Army Medical Services; it enables the reader to form some idea of the ceaseless activity of those in charge and of the immense amount of work and responsibility which devolved upon them. The earlier part of the chapter in which Sir William Lister describes the methods of organization is full of interest; it shows the evolution from very modest beginnings of "Ophthalmic Departments" (an entirely new feature in our army on active service) which eventually reached a degree of completeness and thoroughness, redounding to the credit of the Army Medical Service, and to the organizing ability of the Consulting Ophthalmic Surgeon.

The more purely medical sections deal with "Injuries and Affections of the Eye on the West Front," "Concussion Injuries," "Wounds," "Functional Disorders," "Affections due to Disease," "Injuries due to Gas Warfare."

Concussion injuries are dealt with very briefly, only three pages being allotted to them. They occurred with such frequency, and their clinical and pathological character were so varied and interesting, and in many instances novel, that a longer and more detailed account would, we think, have been justified, and, certainly, welcomed by readers.

The statements concerning lesions alleged to be due to "windage" are important and deserve notice. The experience of British Ophthalmic Specialists lends no support to the view that windage is a cause of neuritis, retinitis, rupture of the choroid, etc. "In every case where there was ophthalmoscopic change definite evidence of injury by a foreign body was found."

The number of cases of perforating wound and intraocular foreign bodies was very large. In his report Capt. Goulden deals chiefly with the methods and means of treating these cases. The disadvantages of a stationary magnet led to the introduction of a mobile magnet, mounted in a motor ambulance, and also of a portable magnet designed at the Imperial College of Science. These two useful additions to the equipment of the Ophthalmic Department are described by Capt. Goulden. The immediate
results of extraction of foreign bodies by the magnet "were not so good as those following similar accidents in civil life," and unfortunately, the final results were generally unobtainable. Some remarkably good results were obtained, in which useful vision was retained for many months after operation, and in the majority of cases an eye with damaged sight was saved.

The remarkable freedom from sympathetic ophthalmitis is an arresting fact. In the Franco-Prussian War of 1870-71 it is reported that in the Prussian Army this disease occurred in 5.6 per cent of ocular injuries. In our Army in France "out of a thousand cases of intraocular injuries only one definite case of sympathetic ophthalmitis is known though there may have been cases in which the disease developed at a later date." This almost complete immunity from this dread disease is attributed to:

1. the antiseptic precautions taken in all ophthalmic operations;
2. the care with which prolapse or entanglement of uvea in penetrating wounds was excised, and
3. the prompt and thorough removal of useless dangerous eyes including those which had been shattered by rupture.

Among functional disorders, night blindness was fairly common; in most of those complaining of this defect no disease or abnormality could be found. The condition in the majority was partial and "should probably be looked upon as one of neurasthenia which picked out those who had originally poor acuity in low illumination."

Cases of ocular injury due to gas employed by the enemy were numerous. In about 90 per cent no permanent damage to the cornea ensued; 10 per cent of the cases were severe and the cornea suffered more or less seriously. An instructive account of such cases is given, illustrated by excellent coloured drawings, and some photo-micrographs, showing the changes induced in the corneal stroma and in its anterior epithelium. These serious and permanent lesions were caused by mustard gas (dichlor-ethyl-sulphide).

Lt.-Col. Eason's report of ophthalmic work in Egypt contains the gratifying information that in spite of the prevalence of trachoma in the native population and in the Egyptian labour corps, only 342 cases in the British troops were reported in three years. Only 68 cases were recent and of these, as of the chronic variety, a high proportion occurred among the Australian troops. In view of the fact that for three years our army lived in a country in which trachoma is "almost universal," that it had been "working side by side with the Egyptian labour corps, almost all infected with trachoma, that native servants had been employed . . . . and that hospitals had been largely staffed by native orderlies,"
this freedom from trachoma is a tribute "to the high standard of cleanliness and sanitation maintained."

Major Usher states that the chief interest of ophthalmic work in Macedonia concerns retinal haemorrhage and keratitis in connection with malaria. Haemorrhage was found in 18 eyes of 13 men with malaria; subhyaloid haemorrhage at the macula was present in ten eyes of eight men; other forms were usually small and flame shaped and all occurred at the macula or close to the optic disc.

Examination of the blood seemed to show that in a large proportion of the cases the haemorrhage is a result of the anaemia secondary to malaria. Keratitis was by far the most common ocular manifestation in malaria, and varied considerably in its characters. Dendritic keratitis was not infrequent and proved intractable, "most men remaining between four or five weeks at the base centre." Quinine amblyopia was not of frequent occurrence, in view of the large quantities of the drug administered in many cases of malaria. Some 22 cases were seen by Usher in British troops.

Sir William Lister's contribution to the volume of Hygiene of the War is Chapter XV on the "Prevention of Trachoma." In it he gives a vivid account of the struggle to confine the disease to men of the labour battalions, to prevent its spread to the British troops and the French population, and to deal curatively on a large scale with the subjects of it. The remarkable success obtained reflects great credit on the medical services.

The disease was discovered among the coolies in France, first in the Egyptian and later in the Chinese companies. Immediate steps were taken to prevent as far as possible the introduction of further cases into France, and to organize segregation and treatment for those already in the country.

The methods adopted are described in detail and should be studied by all. That the results were eminently satisfactory is obvious from the following statement:—"In a report drawn up after fifteen months of experience it was stated that though there had been some 8,500 cases of acute infectious trachoma, 5,500 cases of suspicious conjunctivitis, and 86,000 contact cases, the disease was diminishing, the individual cases were greatly improved, no instance was reported of the disease having spread . . . . to the British troops or the French population, and the number of men off duty for eye trouble was from 0.25 to 0.9 per cent."

It may justly be said that no greater services were rendered to the Army by the personnel of the ophthalmic section of the medical services in France than those by which the fighting battalions were kept free from the scourge of trachoma.
Operative Treatment of Glaucoma. By H. Herbert, F.R.C.S.
London: Baillière, Tindall & Cox. Price 10s. 6d. 1923.

Described by its author as a résumé of papers already published, worked into a revised and connected whole, this book would have proved more useful if the revision had been more complete and the connection more obvious. This is not to deny the obvious advantages which must result in elucidating a subject which has received much helpful consideration by the author by publishing the results of his labours in a single volume. We have always been of opinion that Herbert's small flap sclerotomy was an operation which has a valuable place in the treatment of glaucoma. We are glad to know that many surgeons, in this country at least, still employ it in suitable cases, and it was long before the reviewer replaced it in general use, by the trephining operation —there is still a place for Herbert's operation, and we believe that it would have held its own better if its originator had been more precise in his description of its best method of performance, and more consistent in his advocacy of it in its final form. In the present volume Herbert is claiming the advantages of his iris inclusion methods; but when it is necessary to refer to three different chapters in order to glean all his observations upon any particular operation, it seems likely that few will be convinced of the advantages of a method which ophthalmic surgeons will approach with some hesitancy and diffidence. This is not to deny that Herbert may have produced results by his iris inclusion operation which would confound his critics. Had the book been arranged in better sequence, and the operations advocated been more clearly described, with a clearer indication of the author's views as to when any one of them should be selected, it would, in our opinion, have been of more general service. Admittedly, while the whole subject of the operative treatment of glaucoma is in a state of flux, we may be asking for more than the author, pioneer as he is, may be prepared to give us. As a guide for those still searching for the ideal glaucoma operation the book is particularly welcome, and cannot fail to be of service.

CORRESPONDENCE

BUTYN VERSUS COCAIN

To the Editor of The British Journal of Ophthalmology

Sir,—The appointment by the Home Office and Ministry of Health of a Committee of Investigation regarding substitutes for cocaine will receive the whole-hearted support of the profession.