primary growth. Such neoplasms extend to the foramen lacerum, along the carotid artery and through the superior orbital fissure into the orbit. Carcinoma of the ethmoid is frequently associated with secondary infection and orbital cellulitis.

In group (3) the principal systemic disorders responsible for orbital new formations were metastatic carcinoma, Hodgkin's disease of the lacrimal gland, lymphatic leukaemia, Schuller-Christian's disease and gumma.

The author discusses the value of X-rays in diagnosing bone involvement, enlargement of the optic foramen and intracranial extension. He recommends aspiration biopsy in some cases. In performing exploratory operations on the orbit it is important to avoid cutting through the upper lid in which the levator palpebrae superioris muscle may be damaged. For neoplasms in the temporal part of the orbit he states that satisfactory exposure for the removal of the neoplasm may be obtained by an external canthotomy and a conjunctival incision around the temporal half of the globe from 12 o'clock to 6 o'clock about 10 mm. posterior to the corneo-scleral junction.

H. B. STALLARD.
Apart from the sections on plastic procedures, this book has many other useful features; not the least important of which is the provision of tables of specific operations and indications for their performances. In the section on glaucoma for example, the five varieties of this disease are considered and the utility or otherwise of some nine different operations are clearly tabulated. The same is done for cases of squint.

Many a well planned and executed ophthalmic operation has been known to fail because of inadequate aftercare, but Spaeth safeguards against this by including another useful feature, namely a series of specific instructions on the pre- and post-operative care of cases, with details about nursing, diet, etc., which are not usually found in books on ophthalmic operative surgery.

In his preface, the author states that he has endeavoured to include all surgical operations which are part of his own practice, and this gives his book a personal touch which is of definite value. It also disarms criticism, since the procedures he describes are those which he has found to be satisfactory, even though others might not agree with them. A case in point is his instillation of 1 per cent. eserine as an ointment or solution after a simple extraction, a procedure which is not employed much in this country. Some of his statements are perhaps too categorical. Thus in describing squint operations, it is laid down that tendon which has been within the grasp of forceps should be resected and discarded; but many satisfactory operations have been performed where this principle has been disregarded.

Ophthalmic surgery is such a personal act, that no two surgeons will be found to use the same methods. It would therefore be both easy and ungrateful to find more criticisms, of which the above are examples. One can safely say that the author has left very little out, but one point he has omitted to mention is the use of a heated probe or cautery to check troublesome haemorrhage during the performance of a trephine operation. These are minor points, however, and their mention does not in any way reflect on the general excellence of the book, which is one to which the practising ophthalmic surgeon will refer again and again, especially when faced by a particularly difficult case.

We should like to take this opportunity of congratulating Dr. Spaeth on the production of the second edition of his valuable work and of assuring him that its reception in this country will be more than cordial. This is especially so at a time like the present when the future of the world so obviously depends upon the close co-operation of English speaking countries.
for hundreds of thousands of cases of refraction per annum in constant movement not only in this country, but abroad, and if, having done so, he can devise a more simple but still efficient system and one which at the same time will provide, in the interests of his Income Tax, an adequate financial check over a multitude of small transactions running in the aggregate to hundred of thousands of pounds per annum, I will personally welcome him most cordially at the War Office. and he will have ample opportunity of re-organizing the whole affair. I have a suspicion, however, that despite anything that may have happened in the Crimean war, he will find that the Army Medical Directorate takes no pleasure in the multiplication of unnecessary army forms.

Yours faithfully,

Stewart Duke-Elder, Colonel,
Consulting Ophthalmic Surgeon to the Army.
The War Office.

October 10, 1941.

We apologise for our "quadruplicate" error, and at the same time wish to thank Colonel Sir Stewart Duke-Elder for his authoritative statement which answers the criticism in the annotation as far as spectacles are concerned.—Editor.

NOTES

BRITISH JOURNAL OF OPHTHALMOLOGY

Increase in Subscription Rates in 1942

We regret to have to inform subscribers that it has been found necessary to increase the price of the Journal from January 1, 1942, to £3 3 0 per annum, or 7/6 per number.

As will be easily understood, this increase has been necessitated by the rise in the cost of every single item of expenditure, paper, printing and distribution, in some instances up to double the pre-war cost.

The management will make every effort to keep the Journal up to its present high standard both in quality and quantity, and hopes it may rely on its subscribers to provide the necessary funds to make this possible.

We are sorry to see in the August Number of the American Journal of Ophthalmology the announcement of the death of Dr. Claude Thomas Wolfe on April 9, 1941. Dr. Wolfe was born in 1883, the
son of a medical man. He graduated at Kentucky in 1907, and after a year in general practice took up the study of diseases of the eye and ear. Moving to Louisville in 1911 he rose steadily to the post of clinical professor and head of the ophthalmological department, which position he held up to the time of his death.

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Corrigenda

THE price of a single copy of the Journal in 1942 will be 7/6 instead of 6/- as quoted in our last number.

The following corrections should be made in Mr. Graham Scott's paper on Hereditary Optic Atrophy in the October issue.

(1) Page 461, line 11, add "but autosomal transmission is not improbable" to follow 'evidence of sex linkage.'

(2) Page 474, line 6, add "or of partial sex linkage" to follow 'sex linked transmission.'

(3) Seven lines further add "may" to author's cases 'MAY differ from some of the published pedigrees.'

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Protection of the Eyes in Industry

An exhibition of appliances for the protection of the eyes in industry was opened at the Eye Department, Royal Infirmary, Edinburgh, on September 19.

The exhibition, part of which is permanent, was arranged by the W. H. Ross Foundation (Scotland) for the Study of Prevention of Blindness.

A special feature was a series of enlarged photographs of Engineering processes specially taken for the exhibition.

For the occasion, Messrs. Theodore Hamblin, Ltd., kindly sent the appliances that had been displayed at Cambridge for the Ophthalmological Congress.

The Chair was occupied by Dr. Arthur H. H. Sinclair, Chairman of the Ross Committee, and the speakers included H.M. Inspector of Factories, and representatives from trade councils, employers of labour, and the Department of Health for Scotland.

There was an excellent turn out of persons influential in industry, and the interest shown in the exhibits is a good augury for this important aspect of prevention of blindness.

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North of England Ophthalmological Society

The following meetings have been arranged:—December 6, 1941, at Leeds; February 7, 1942, at Newcastle-on-Tyne; March 7, 1942, at Liverpool; April 11, 1942, at Sheffield.