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subsided very slowly, the cornea developed a marginal keratitis, but this healed. The proptosis receded and on November 11, it was possible to examine the fundus. The optic nerve was then atrophic and there was no evidence of haemorrhages or exudates. The right eye was quite blind. The left eye had 6/6 and J.1 after some hypermetropic correction. The field of this eye was full and there was no evidence of uveitis in either eye. The Wassermann reaction was negative.

Bacteriological examination showed the presence of various cocci and a few Gram-positive bacilli from a smear and, on culture, staph. aureus. In a later stab culture a Gram-positive bacillus with filamentous forms, some of which showed swellings resembling spores was grown.

In the discussion the author shows how much rarer gas gangrene of the orbit is than of the globe itself. He ends as follows:—"As there was no preceding optic neuritis and no sign of uveitis in the above case, we may assume that the infection had not spread from the globe to the nerve. Atrophy of the nerve was observed a fortnight after the onset of the illness. The findings may be reasonably explained by an exudative perineuritis or neuritis with early thrombosis of the nutrient vessels, the posterior part of the optic nerve being infected."


R. R. J.

BOOK NOTICES


Dr. Dobson is well known for her work on the extra-ocular muscles, and in this book, her main object is to show how a correct relationship can be obtained between the relative amplitudes of convergence and accommodation. The subject is complex, and one has the feeling that the book suffers from perhaps having been written in a hurry and not having been more deliberately planned. The author also assumes that her readers have the same knowledge of terms as she herself possesses. An example of this is shown on page 2 where it is laid down that positive and negative relative accommodation must bear a normal relationship to each other, though these terms are not defined until page 30. In covering what to many readers will be new ground, an introductory chapter containing definitions of special terms, such as duction, relative convergence, etc., would have been of service.
Other criticisms are that the actions of the extra-ocular muscles might have been more clearly explained, and that although it is interesting to read about dynamic retinoscopy, the section dealing with the ordinary static procedure and with subjective testing might have been omitted. Owing presumably to considerations of space, these have had to be much condensed and as the book is obviously written for those who have already more than a nodding acquaintance with ophthalmology their omission would be justified, particularly as this would have left more room for subject matter which is the raison d'être of the book.

Lack of planning is also evident in the following statement (p. 32) "After refraction it is important to note the equality or otherwise of the retinal images in each eye," without the slightest indication of how this is to be done beyond a reference to the work of various writers, among whom the name of Ames, the pioneer of this work, fails to appear.

There is much that is good in this book, however, and the reader will obtain useful information on the treatment of heterophoria and of asthenopia generally. Some will be unconventional, but it is none the worse for this and in fact it is one of the chief merits of "Ocular Imbalance" that it is not a conventional text book, but is a highly personal account of procedures which have been adopted by an ophthalmologist of considerable experience and originality.


A brief memoir of Sir William Wilde appeared in our second volume; it was written by the late J. B. Story. There was more than a chance as the years went by that Wilde's very great services to ophthalmology and aural surgery would be forgotten and in fact he was now in danger of being considered only as the father of the brilliant Oscar Wilde.

Dr. Wilson has done a service to medicine in his biography, which delightfully written and illustrated by himself, helps to correct several errors in the biographies of Oscar. We have no hesitation in saying that Victorian Doctor takes a very high place among biographical works and is worthy of standing alongside the lives of Lord Lister and Pasteur.

The son of a doctor, whose family originally came from the North of England, Wilde's mother was a member of an important Irish family in Connaught. He was apprenticed to the celebrated Colles and after qualification made a prolonged tour in charge of a wealthy invalid. They visited Teneriffe, the Levant, Egypt and Palestine, and Wilde's narrative of his tour was published in two volumes early in 1839, the author being then in his 30th year.
Wilde put in much post-graduate work in London and Vienna, and on his return to Dublin founded St. Mark's Hospital. Not content with an enormous practice in ophthalmology and aural surgery, Wilde was responsible for the Census for many decades. He was a medical editor, he was a noted authority on Irish antiquities and towards the end of his career catastrophe overtook him in the shape of a prosecution in the Courts. It was an unsavoury business and although the plaintiff won her case and was awarded only a farthing's damages, it must have done incalculable harm to Wilde both professionally and socially.

Woven into Wilde's life story are good accounts of the awful famine years in Ireland, the hungry forties, details of Swift's closing years, sidelights on Lever, and most of the revolutionaries in Ireland in the middle of last century, literature, art and poetry. We strongly advise all ophthalmic surgeons to read this book; in these worrying times, if they do, they will be sure of having a few days in which their minds can be switched off from present day realities to the delightful atmosphere of Ireland in the last century, and they will be thankful to the author, as the reviewer has been, for a rare treat.

CORRESPONDENCE

THE NEEDS OF THE SERVICES

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—The interesting correspondence opened in your Journal of December, 1941, by Mr. Rugg Gunn, has been read by me with considerable concern because each writer, with the possible exception of the initiator of the correspondence, seems to have overlooked one paramount fact—namely, that we must win this war and use every facility available to achieve this. This is certainly not the time for weighing up post-war consequences and withholding our hand from this or that course because of later repercussions to our personal practices.

The second fact that seems to have been entirely overlooked by everyone is that conditions in Great Britain are not comparable with conditions overseas and especially in the battle areas. Here distances are immense and supplies very difficult at times.

Thirdly, we are almost in the fourth year of the war (or will be when this letter is published) and men who joined the Forces in 1939 are due for a second refraction in the immediate future. A number arrive overseas without glasses and many lose their glasses in action, so how can the bulk of refraction work in the Army be
injury, so that the normal anatomical relations of the part may be restored.

On the subject of ocular deviation and binocular vision in general there appears to be a tendency for vagueness of thought, procrastination and indecision, due largely to a lack of detailed clinical examination, and the article discussed in the letter, although giving an admirable clinical description of two interesting cases, rather than helping to clarify the subject, appears to make something which is simple appear to be complicated.

Yours truly,

T. KEITH LYLE.

42, CHARLES STREET,
BERKELEY SQUARE, W. 1.
July 30, 1942.

NOTES

We understand that Major H. B. Stallard has been mentioned in Despatches for devotion to duty and for service of exceptional merit.

Ophthalmology is well represented in a recent list of eleven distinguished medical men to have been elected Honorary Fellows of the Royal Society of Medicine by the award to Sir John Parsons, F.R.S., and to Sir Henry Lindo Ferguson, of Otago, New Zealand.

The Leslie Dana Gold Medal

It was announced on May 30, in New York City that the award of the Leslie Dana Gold Medal for the current year had been made to Lewis H. Carris, Director Emeritus of the National Society for the prevention of blindness.

The usual Autumn course of lectures has been arranged as follows:—Wednesday, September 9, Professor Riddell—"Certain Aspects of Retinal Function"; Wednesday, September 16, Dr. Paul Bacsich—"Comparative Anatomy of the Retina"; Wednesday, September 23, Professor Loewenstein—"Lipoidal Changes in the Retina"; Wednesday, September 30, Professor Ballantyne—"Pathology of the Retinal Veins"; Thursday, October 1, Mr. Eugene Wolff—"Normal Histology of the Retina"; Friday, October 2, Mr. Eugene Wolff—"Pathological Histology of the Retina."

We are asked by the Ministry of Information to state that the fact that goods made of raw materials in short supply owing to war conditions are advertised in this journal should not be taken as an indication that they are necessarily available for export.