six months and under. So far, we are not aware of any case in which an eye blind for six months regains any perception of light after operation. Last year's cases constitute our justification for the procedure now adopted."

The total of trephining done last year seems to have been 309. Of these 239 were for glaucoma, 41 for staphyloma, 12 after cataract extraction, retinitis pigmentosa 8, detached retina 4, recent leucoma 2, and spontaneous dislocation of the lens 1, while twice the trephining was repeated. These figures regarding an operation in constant use for 12 years seem to indicate, that under the conditions of this clinic and for the patients that apply to it, sclerocorneal trephining is about as well established as any operation in ophthalmic surgery.

E. J.

BOOK NOTICES.

Report of the Government Ophthalmic Hospital, Madras for 1921, Major R. E. Wright, I. M. S. Quarto, 38 pages. One plate with 3 illustrations, Madras Government Press, 1922.

Of this large pamphlet, 4 pages are given to administration report and statistics; and 34 to the "professional report." The latter is chiefly taken up with scientific matter of the highest interest to the ophthalmologist. Much of this is so condensed, that the amount presented is quite out of proportion to the size of the publication. Each page is equivalent to about two or three pages of the ordinary text-book. This series of reports should go into every complete library of works on ophthalmology. The illustrations give parts of the temperature chart and sketches of the fundus, in a case of subhyaloid hemorrhage in the macular region occurring with malaria.

The reports of former years seem to have been prepared by Lt. Col. Kirkpatrick, the Superintendent, now absent on leave, and Maj. Wright, the Acting Superintendent. The present issue contains reports upon special conditions and cases by eight members

of the staff, with comments by Maj. Wright. The topics thus discussed include the spontaneous dislocation or rupture of Morgagnian cataract, keratomalacia, spontaneous dislocation of small lenses with glaucoma, malarial amblyopia, encephalitis lethargica, neuritis from sinus disease, Mooren's ulcer, fundus changes in polycythemia, serum treatment of trachoma, leprosy, iritis, and a dozen others. These clinical observations, briefly recorded, are of such practical value, that we shall quote from them in these pages in subsequent issues, since they are not elsewhere accessible to western ophthalmologists.

In connection with the Elliot School of Ophthalmology, attention is called to journals and transactions lacking to complete their files of ophthalmic journals, and to a short list of duplicates available for exchange. The school and hospital together constitute a rather important center for ophthalmic training. In addition to 178 medical students given instruction in this branch during the year, 20 Civil Assistant Surgeons and 30 Sub-Assistant Surgeons took a postgraduate course in ophthalmology. The other postgraduate students numbered 20, of whom 2 were from overseas.

The number of out-patients treated in the Madras Ophthalmic Hospital was 19,828, and of in-patients, 4,023. The number of operations performed was 4,356, of which 1,508 were for cataract. It is interesting to note that among these were 56 by the Barraquer method, 8 with loss of vitreous, 3 failures, and 6 others giving vision of 2/60 or less. Of 8 expression operations done after the "Smith-Indian" method, 7 ranked as successes and 1 with vision between 6/36 and 2/60. Among the other common operations were 284 sclerocorneal trephining, of which mention is made elsewhere; and 224 excisions of the lacrimal sac.

This series of reports shows from year to year a growth and development that it is to be hoped will continue. Already it is one of special value to the ophthalmologist seeking to meet the difficulties of daily practice. E. J.