

pseudoobjective character, given to such tests, by requiring the patient to read the letters that he claims he can see clearly.

But the fact that the tests at our disposal are far from ideal, is no excuse for not applying more generally the tests that are readily available; or that can be improvised anywhere that the fine print used in the advertising pages of most magazines can be found. In early life the position of the near point gives a quick, simple indication that the eye tested is hyperopic or myopic. This is true even of eyes with lowered acuteness of vision; if the size of type made out at the near point is compared with its distance from the eye and the visual acuity, as tested on the large test type at five or six meters. In early adult life the position of the near point still indicates the probable kind and amount of ametropia, or is evidence of paresis of the accommodation or early presbyopia. For the period of presbyopia, it is the key to any satisfactory choice of lenses. At all ages it should be considered in relation to convergence and esophoria and exophoria.

The actual taking of the near point is an extremely simple matter and consumes very little time. Hold the test type used in front of the eyes far enough away to be easily read. Then slowly bring it closer to the eyes until the reading ceases in spite of the patient being urged to make the greatest effort to keep the print clear. A graduated rule or scale held in the other hand gives the distance of the card from the eye; or, as Duane prefers, 14 mm. from the cornea, where the spectacle glass would usually be placed. Holding the card in this position, alternately cover one eye and then the other and let the patient state whether it is equally clear to both. If not, the near point should be taken for each eye separately. All this can be done in a minute or two, and no other part of the routine examination will yield more for the time occupied by it. E. J.

## BOOK NOTICES.

**Diseases of the Eye.** M. Stephen Mayou, Surgeon to the Central London Ophthalmic Hospital. Third edition, 12 mo., 334 pages, 145 illustrations, 4 color plates. London and New York, Oxford University Press.

This book is written for students who are beginning their study of the subject, with an appreciation of the fact that the medical curriculum for the medical student is already overcrowded; and for the practitioner, who wants to find quickly something about conditions that he does not keep constantly in mind, so that he turns naturally to the one book about such diseases with which he has become familiar.

It admirably fulfills its purpose, presenting the most important facts, stated briefly and clearly. The reduction of an account of ophthalmology to meet the needs of the student is not merely a shortening of each chapter, a percentage allotment of space devoted to each branch of the subject as compared with that given to it in a complete textbook; certain things have to be omitted entirely, while others need to be treated rather fully. This requirement has been met by Mayou with wise discrimination.

There is a chapter on methods of examination, 23 pages, which the student should master thoroly if what he learns in other parts of the book is to become available for the service of patients. In this chapter, one may be surprised to find five pages devoted to examination of the field of vision with illustrations of Mayou's and Elliot's scotometers, and McHardy's perimeter. But a little reflection shows that the field of vision has a diagnostic importance in general medicine and surgery, that has not been appreciated; and we must expect that the interest in it on the part of general practitioners will be greater than has been manifested in the past.

The second chapter, on elementary optics and refraction, 31 pages with 15 illustrations and diagrams of meri-

dians of astigmatism and cylinder axes, gives sound practical instruction, carried as far as is possible in such limited space. It is calculated to enlist the interest of the student, and make him believe, if circumstances place him in a community where better service in dealing with errors of refraction is not available, that he can correct ametropia as well as he can treat disease, when he leaves the medical school to begin his real life training in his chosen vocation.

Diseases of the conjunctiva we would expect to have extended consideration in a book intended for the education of general practitioners. It has a chapter of 48 pages, containing 22 illustrations, 13 of which deal with the pathologic histology and bacteriology of the conjunctiva. Cornea and sclera have a chapter of 23 pages, diseases of the uveal tract have 28 pages, the lens 11 pages. The retina, vitreous and optic nerve are considered in a single chapter of 40 pages. Glaucoma has 11 pages, the extraocular muscles and movements of the eye 14 pages, diseases of the lids and lacrimal apparatus 18 pages, and the orbit 7 pages. There is a separate chapter on operations, containing 44 illustrations, among which occur these errors; Figures 117 and 118 are transposed, and in Figure 139 the positions of the two parts A and B are reversed.

The appendix contains a series of 26 prescription formulas, of most general usefulness, and a statement of vision required in the dozen different branches of public service. There is a good index, 10 pages. The color plates represent 2 normal and 6 pathologic conditions of the ocular fundus. The volume is excellently printed and very convenient in form. We predict that as it comes to be better known in America, it will be rather widely used among medical students.

E. J.

**Myopia and Its Treatment by Tuberculin.** George Hirsch, Halberstadt, Germany. 49 pages.

This is a paper covered brochure of 49 pp., devoted to the contention that

myopia is a condition of the eye caused by weakening of its coats, due to changes in their nutrition caused by tubercular toxins; and to the treatment of the condition by the injection of doses of tuberculin, and also to the prevention of myopia by prophylactic dosing with this remedy. A revised English edition is in preparation—subscription at the author's address—the latter we hope in a little better English than the advertisement.

The contentions of the author are based upon the relative frequency of myopia and tubercular conditions, presumably in his own country; as well as upon the researches of other authors which show some relation between tuberculosis, the disordered general and local nutrition, and short-sightedness.

All children are hyperopic when born. Progressive myopia begins from the 5th to the 7th year, when the eyes are not used so much for close work as later on. He also shows that most well read people are not myopic, and that most of the myopes go to the optician and not to the eye doctor. He quotes Koch, Saemisch, Bertrams and many other authors in regard to the formation of antitoxins in the blood. These substances fight off most of the diseases of men. Tubercle bacilli are found in the cornea, conjunctiva, etc., and some diseases of the eye are accepted as being of tubercular nature.

He shows that myopia is due to the formation of posterior staphyloma, and is produced by changes in the nutrition of the posterior portion of the eye, which is supplied by the short ciliary arteries, which supply the choroid. Many authors are quoted showing the relation between myopia and civilization, and as to myopia, syphilis and tuberculosis. Statistics are given regarding the relation of these diseases, the average being 10 to 30 per cent of myopes. According to the author the tubercular toxin has a special action upon the posterior portion of the eye. Cases are quoted. The tubercular toxin also produces an effect upon the anterior ciliary arteries and in the production of squint.