

## JOURNALS AND MAGAZINES.

*Journal of Anatomy and Physiology.* Conducted by Sir WILLIAM TURNER, K.C.B.; ALEXANDER MACALISTER, University of Cambridge; ARTHUR THOMSON, University of Oxford; ARTHUR KEITH, Royal College of Surgeons of England; and ARTHUR ROBINSON, University of Edinburgh. Vol. XLIV. Third Series. Vol. V., Part II. January, 1910. London: Charles Griffin. Annual subscription, 21s.—This number opens with a plate illustrating Professor A. M. Paterson's note in the October number of the journal on a case of Obliteration of the Left Common, External, and Internal Iliac Arteries. The articles contained in it are the following:—1. The Development of the Auditory Nerve in Vertebrates, by John Cameron, M.D., D.Sc., lecturer on anatomy, Middlesex Hospital Medical School, and William Milligan, M.D., lecturer on diseases of the ear, University of Manchester, with 20 figures in the text. The authors describe the auditory nerve and its several divisions as being brought into direct anatomical continuity with the hind brain by means of a nucleated tract of cytoplasm, to which they have applied the term syncytium, and they regard as the fundamental divisions of the auditory nerve, not the cochlear and vestibular portions, but the three that are distributed to the three semicircular canals and the three distributed to the utricle, saccule, and cochlea. 2. The Arrangement of the Bursæ in the Upper Extremities of the Full-term Fœtus, by Charles Whittaker, F.R.C.S. Edin., senior demonstrator of anatomy, Surgeons' Hall, Edinburgh. 3. The Morphology of the Testis, by D. T. Barry, M.D., F.R.C.S., professor of physiology, University College, Cork, with nine figures in the text. 4. Note on the Influence of Posture on the Facets of the Patella, by J. C. Lamont, M.B., Lieutenant-Colonel, I.M.S. (retired), lecturer in histology, University College, Dundee. 5. Abnormal Ossification of Meckel's Cartilage, by Arthur Keith, M.D., conservator of the Museum of the Royal College of Surgeons of England, with three figures in the text. 6. On the Carotid Sheath and Other Fascial Planes, by F. G. Parsons, with two figures in the text. Mr. Parsons is unable to find the sheath usually described as surrounding the carotid artery, jugular vein, and vagus nerve, and doubts its existence. 7. The Development of the Larynx, by J. Ernest Frazer, F.R.C.S., senior demonstrator in the Anatomical Department, King's College, with 19 figures in the text. This is a good memoir not adapted for abstraction. 8. The Embedding of the Embryo Guinea-pig in the Uterine Wall and its Nutrition at that Stage of Development, by E. Emrys-Roberts, M.B., Ch.B. Vict., M.D. Liverp., demonstrator of pathology, University of Bristol, with three plates and six cuts in the text from microphotographs. 9. Anatomical Notes, by Professor E. Fawcett and by Douglas G. Reid, M.B.

*Revue de Médecine.* Edited by M. L. LANDOUZY and M. R. LÉPINE. Thirtieth year, No. 1, Jan. 10th. Paris.—This number contains the following original papers: 1. Scarlet Fever in Children at the Claude Bernard Hospital in 1908, by Professor A. Gouget, comprising an account of the features of the disease in 858 cases, with 30 deaths. 2. The Pathogenesis and Treatment of Hæmophilia, by M. P. Nolf and M. A. Herry. This paper is their second contribution to the subject, and deals with the coagulability of the blood in this condition. 3. Radio-therapy and Basedow's Disease, by Professor R. Lépine. The patient was treated by the application of the rays to the neck. No definite improvement seems to have resulted, and the proportion of phosphoric acid to the urea of the urine increased in a manner similar to that occurring in animals after administering thyroid, from which it appears probable that the X rays increase the output of the thyroid secretion into

the blood. 4. Spleno-pneumonias, by M. Mosny and M. Malloizel. This is their fourth paper on this subject and is devoted especially to diagnosis. 5. Professor Lépine contributes a note on the Utility of the Intravenous Injection of Alkalies in the Premonitory Period of Diabetic Coma. This note is written to combat the recent statement by M. Henri Stark that these solutions were of no value. This number also contains the Proceedings of the French Association for the Study of Cancer.

*School Hygiene.* No. 1, Vol. I. January, 1910. London: Published by the School Hygiene Publication Company, Limited. Monthly, 6d. net.—The January number of this new magazine contains interesting articles on numerous subjects covered by the inclusive title of school hygiene. Dr. James Kerr, educational medical officer for the London County Council, writes on elementary schools in relation to tuberculosis, saying that the prime need of many a child in London is room to sleep in, room to play in, and cleanliness, the burden of the essay being that the isolation of advanced tuberculous cases, especially of parents with four or five children all of whom are likely to become shortly affected, would greatly diminish the massive infection and would be advisable, despite its cost. The headmaster of Eton has some very shrewd things to say upon the criticism to which our public schools are now being subjected, and Dr. Luther Gulick of New York writes interestingly on athletics for girls. The magazine arrives among us at a time when the numerous problems which it proposes to deal with are exciting the maximum of interest.

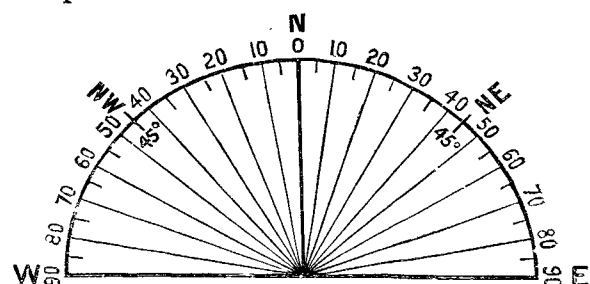
## New Inventions.

### A NEW AXIAL NOTATION FOR CYLINDRICAL LENSES.

THERE is not the least likelihood of any standardisation of the axial notation of cylindrical lenses being arrived at as long as the present methods of angle markings of the arcs of the trial frames are followed. The matter has recently attracted some attention in this country for two reasons. First, because the Optical Society have pledged themselves to one method; and secondly, because the International Ophthalmological Congress have recommended another. This position of affairs has led to a somewhat unedifying controversy. Slight reflection, however, must show that there is nothing surprising in this divergence of opinion and methods, inasmuch as each method is purely an arbitrary one, having no recognised principle, or standard, upon which it has been designed. To attempt to create an arbitrary standard, with a view to its adoption by all ophthalmic surgeons and opticians throughout the world, is doomed to failure, for the practical reason that, apart from individual preconceptions, such a standard would have to be proved to possess advantages over all those methods at present in use. That is the difficulty of the whole question. Every method in vogue is a workable method; but there is no uniformity, because there is no common standard; and because these methods lack the basis of a standard which is known to the world, about which no confusion could arise, it is impossible to expect any universal agreement upon the subject. Fundamentally the difficulty has been primarily created by the markings of the horizontal line upon the arcs of the trial frames. These markings are zero at one extremity and 180° at the other. Why the horizontal line should have originally been chosen, instead of the vertical one, as the basis upon which to indicate the axes of cylindrical lenses in the trial frame, is difficult to conceive. The fact that this is the case has led to the confusion of having to deal with degrees higher than 90°, whereas such a custom is quite unnecessary. But now it may be asked, Is there a standard known alike to ophthalmic surgeons and opticians throughout the world which could be utilised in this connexion? I

submit that there is—namely, the compass. Taking the mariner's compass in illustration, the poles are marked zero and the equator or horizontal line as  $90^\circ$ . Clearly, then, the axes of cylinders would simply require to be indicated as so many degrees from zero in approaching the equator, north-east, or north-west, according as the axis was downwards and outwards or downwards and inwards. The simplicity of this method is self-evident. There is no room for confusion, no matter how, when, or where an ophthalmic surgeon's prescription should be presented to an optician for preparation. If in doubt, all that the optician would have to do would be to refer to a compass. Moreover, by this method it would be immaterial whether the arc of the trial frame, provided it indicated the compass markings, was fixed above or below, forasmuch as in each case the axis of the cylinder would show the number of degrees from zero, except when it was vertical.

I append below a few illustrations of prescriptions inscribed upon this basis.



Right Eye.

+ 1 cyl. axis  $0^\circ$   
 + 2 cyl. axis  $15^\circ$  N.E.  
 + 3 cyl. axis  $45^\circ$  N.W.  
 - 1 cyl. axis E.  
 - 2 cyl. axis  $75^\circ$  N.W.  
 - 3 cyl. axis  $85^\circ$  N.E.

Left eye.

+ 1 cyl. axis  $0^\circ$   
 + 2 cyl. axis  $15^\circ$  N.W.  
 + 3 cyl. axis  $45^\circ$  N.E.  
 - 1 cyl. axis W.  
 - 2 cyl. axis  $80^\circ$  N.E.  
 - 3 cyl. axis  $85^\circ$  N.W.

For some weeks past I have adopted this method of marking the axes of the cylinders in my prescriptions, using the ordinary trial frame, but substituting the markings delineated thereon for those of the compass.

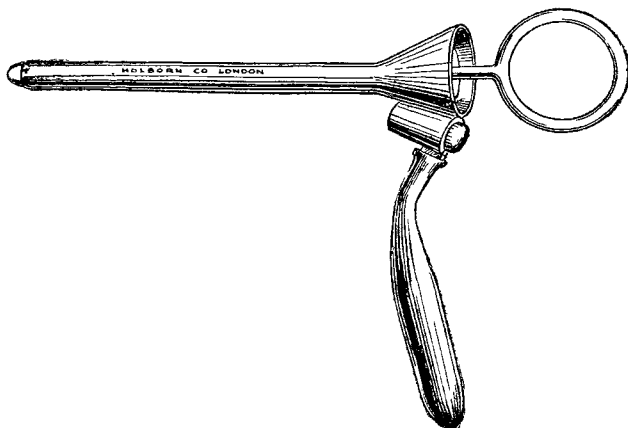
A trial frame, with the compass markings, is now in preparation for me with the arc above, an illustration of which I will take leave to send to THE LANCET as soon as the device has been completed. It will be known as the "Compass" Trial Frame, and will be obtainable from E. B. Meyrowitz, Old Bond-street, whose manager, Mr. John B. Reiner, has taken the matter in hand.

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#### A MODIFIED URETHROSCOPE AND A RUBBER STERILISING STOPPER.

THE Holborn Surgical Instrument Company have made two appliances to my specification with satisfactory results which I should like to bring before the readers of THE LANCET. The first is represented in Fig. 1. It is a modification of

FIG. 1.

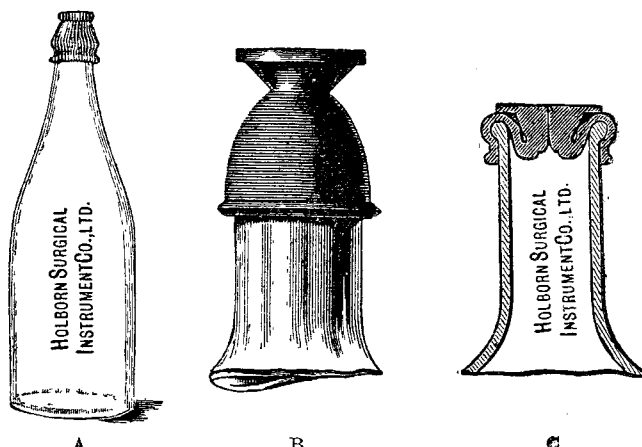


Kelly's urethroscope which may be appreciated by those who are compelled to study economy of space in packing the instrument bag or steriliser, for one detachable handle serves

for each of the three regular sizes—viz., 5, 7.5, and 10 millimetres diameter. The 5 millimetres bore urethroscope without the handle forms a convenient speculum for viewing the penile portion of the male urethra and for the securing of material from the deeper portions of that canal for microscopical or bacteriological examination. The larger sizes with handle *in situ* can be used for the female urethra and bladder, and also for the vagina, and the 10 millimetre instrument will even serve in emergency as a rectal speculum.

The second appliance is the rubber sterilising stopper represented in Fig. 2. The cap is shown sealing the mouth of

FIG. 2.



a bottle containing fluid which has been sterilised by steam (A). The cap is made of soft rubber, the lower part, dome-shaped with thin walls, being slipped over the neck of the bottle (B). The upper part is solid, but with a sharp clean cut running from the centre of the disc to the top of the dome. During sterilisation the air in the neck of the bottle, expanded by the heat, is driven out through the valvular aperture in the solid portion of the stopper. On removing the bottle from the steam chamber the liquid contracts as it cools, and the pressure of the external air forces together the lips of the slit and drives the solid piece of rubber down into the neck of the bottle (C). Thus sealed, the bottle will preserve its contents sterile for an indefinite period.

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**THE CLEANING OF LONDON SCHOOLS.**—Included in the education estimates of the London County Council for 1910-11 is a sum of £120 to meet the cost of a thorough weekly cleansing with soap and water of six infants' schools as an experiment. It is estimated that if all the infants' schools are cleaned in this way weekly the additional cost will be £10,500, but if an improvement in the health of the children results the increased attendance grants received from the Board of Education will compensate in a large measure for the extra expenditure. Dr. Beaton, a member of the Council, drew attention to this subject about a year ago (THE LANCET, March 20th, 1909, p. 881), when he suggested that more frequent cleansing of schools would tend to check epidemics. At present schools in London are swept once a week and the floors are washed once in three weeks.

**ROYAL VICTORIA HOSPITAL, LEWES.**—H.R.H. Princess Henry of Battenberg opened recently the new Royal Victoria Hospital, which has been erected on the downs near by the Sussex county town. It is intended that the new building shall eventually take the place of the present dispensary which is situated in the heart of the town, in a hollow surrounded by houses at an enclosed and noisy spot. What will become of the old building will be a matter for the consideration of the governors at some future occasion. Including the site the cost of the new building has been £6750. The architecture is of the Georgian style, but no pains have been spared to make the institution a thoroughly efficient modern hospital. The windows of the wards have been constructed so as to permit of the patients being wheeled out on to a covered verandah. It is hoped to equip the new building with entirely new furniture instead of utilising any from the old institution, and an appeal for £1000 is being made towards this end. The site and buildings of the hospital are free of debt.