

mus in an interruption or perversion of the binocular reflexes have gained wide acceptance as practical proof of their validity has emerged, and the present edition, revised, largely rewritten and somewhat simplified will be welcomed by all students of ophthalmology. During this period, too, a more critical evaluation of treatment by orthoptic exercises has been possible and this is, perhaps, largely responsible for the apparent reorientation of the work towards these methods which have, as the author's preface points out, come to stay in ophthalmic practice.

Simplification and recasting have involved some omission, notably of the appendix of illustrative cases. These now appear, excellently illustrated, with the relevant text adding considerably to its compactness.

H.E.H.

A POCKET OBSTETRICS

By ARTHUR C. H. BELL, M.B., B.S., F.R.C.S., F.R.C.O.G., Hon.M.M.S.A. 2nd Edition. Pp. viii + 156, with 14 illustrations. London: J. & A. Churchill Ltd. 1950. 7s. 6d.

The reviewer must confess to having just read this exceptional little book for the first time. It was published in 1946 and has now been completely brought up to date.

It is short and to the point, comprehensive and essentially practical. It is disappointing that the treatment of prolapsed cord by pushing it back into the uterus wrapped in a large swab is scorned. The dangers of pitocin are rightly stressed. It now seems that even smaller doses of one minim are more likely to stimulate normal co-ordinated contractions of the uterus. Ante-partum and post-partum haemorrhage and forceps delivery are very well covered.

This book is a short, clear and most practical account of the practice of normal and abnormal obstetrics. It will be popular with students for revision purposes, especially if they have already studied the Queen Charlotte's 'Textbook of Obstetrics.' It will be of real practical value to the midwife and the general practitioner.

I.J.

ON LOW BACK PAIN, ACTA ORTHOPAEDICA SCANDINAVICA, SUPPLEMENTUM No. 5

By LARS UNANDER-SCHARIN. Pp. 221. Copenhagen: Ejnar Munksgaard. 1950.

This supplement is devoted entirely to some of the problems of back ache and sciatica. The incidence and morbidity rate due to this condition in a large section of the Stockholm population is valuable reading. The progress of those untreated, those treated conservatively and those by operation, with special reference to osteo-synthesis are other aspects dealt with in full. There is ample original study for those interested in this subject and an abundance of figures for the statistician.

P.H.N.

THE CAUSES OF BLINDNESS IN ENGLAND AND WALES

By A. SORSBY, F.R.C.S. Medical Research Council Memorandum No. 24. Pp. vi + 42. London: H.M.S.O. 1950. 1s. 6d.

This memorandum is based upon a survey of nearly 20,000 blind certificates covering, essentially, registrations between the years 1933-43 and, within the limitations of current methods of certification, presents an excellent picture of the causes of blindness in the group.

The increase in the number of the known blind is shown to be apparent rather than real and to be largely due to the adoption of more humane standards of certification in the years under review than obtained at the time of former surveys. By way of contrast to this apparent general increase there has been, among schoolchildren (the group for which figures are most reliable), a certain decline amounting to almost one half when the figures for 1948 are compared with those for 1923. This is due largely to the increased efficacy of treatment for infectious diseases and is shown in the great decrease in blindness due to ophthalmia neonatorum.

Cataract (24.6 per cent. of certification) still appears as the cause of a great deal of blindness and, although it may be presumed that some of the cases represent temporary certification later rescinded after operative cure, it is evident that a large proportion of the remainder could be removed from the blind category by timely surgical treatment.

Congenital, hereditary and developmental defects, glaucoma and myopia remain as major causes for which little effective treatment is to be expected in the foreseeable future and the fact that the last two produce their most dire effects in the later age groups presents a gloomy prognosis for blindness in an ageing population such as ours.

H.E.H.

NON-GONOCOCCAL URETHRITIS

By A. H. HARKNESS, M.R.C.S., L.R.C.P. Pp. xii + 424, with 167 illustrations, 73 in colour. Edinburgh: E. and S. Livingstone Ltd. 1950. 52s. 6d.

Urethritis may result from a number of causes other than gonorrhoea and may produce serious effects remote from the site of infection. In many cases infection is acquired venereally and in others it is secondary to disease higher in the urinary tract. The author of this book is a venereologist who has had the advantage of a long and close association with urological work and is therefore very well equipped to present this subject from both points of view. He has produced an excellent review of the subject complete in detail, beautifully illustrated and produced and with very complete bibliography. The most valuable chapters in the book are those which deal with the subject of the common condition of abacterial urethritis, and the author's methods, routine investigation and management of such cases in the V.D. Clinic. Whether his firm