CORRESPONDENCE

MEDICAL TREATMENT OF GLAUCOMA

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

SIRS—It has just come to my notice that, by an oversight, no acknowledgement has been made of my use and modification of an illustration from an article by Professor R. Thiel in a recent paper of my own entitled—"The Medical Treatment of Glaucoma", which was published in the *Transactions of the Ophthalmological Society of Australia* (*B.M.A.*), 15, 44 (1955). Professor Thiel's article appears in *Klinische Monatsblätter für Augenheilkunde*, 125, 513 (1954). May I express my regret for this oversight as well as my appreciation of this valuable article. I have been surprised that some men studying this subject have failed to see it. The clarity of its illustrations make much of the letterpress redundant.

Yours faithfully,

J. RINGLAND ANDERSON.

108, COLLINS STREET,
MELBOURNE, AUSTRALIA.
September, 1956.

BOOK REVIEWS

Blindness in England, 1951-1954. By Arnold Sorsby. 1956. Pp. 53, 1 fig., 36 tables, 7 refs. H.M.S.O., London. (3s.)

The paper consists of a review of 36,617 certificates of blindness issued in England (excluding the West Country) between April, 1951, and December, 1954, inclusive. The numbers in the total blind population are grouped according to age and are compared with the numbers of new registrations each year, the age at registration is studied and the degrees of blindness found in each age group are shown. This is followed by a consideration of the principal causes of blindness, and the figures for cataract and glaucoma are related to reported treatment. The various causes of blindness are analysed for age and sex incidence and any variations during the period are noted. Cases in which blindness arose from different causes in each eye are studied separately and there is also a Table for sympathetic ophthalmitis. Studies of infantile blindness are then made, with particular reference to retrolental fibroplasia; the various causes for admission of children to Blind Schools and Sunshine Homes are listed.

Discussion follows and some of the salient features of the initial analysis are presented in more detail. Tables are given to show the increase of old persons in new registrations, the various sources from which the suggestion for registration came in each case, further Tables including the earlier figures from 1937 onward, hereditary studies, Tables analysing changes in the age structure of the blind population, and a comparative analysis of the major causes of blindness at different age groups in 1933-43, 1948-50, and 1951-54.

This is a most important work, giving a wealth of valuable information unobtainable elsewhere in such a clearly presented form. Several points of particular interest are the rising incidence of blindness from diabetes, the increasing age of the blind population, the fact that some 50 per cent. of cataract cases might well benefit from operation, and the fact that 35 per cent. of the glaucoma cases had had no treatment up to the time of registration. Apart from congenital anomalies and abiotrophic defects, trauma is the greatest single cause of blindness in males in the age group 15 to 29, whereas it is a minor cause in females. On the other hand, in the age group 50-59, diabetes accounts for 17.6 per cent. of blindness in females compared to only 6.4 per cent. in males.

The figures suggest the possibility that blindness from glaucoma is declining somewhat among the treated cases, and it will be interesting to see whether this trend is con-