inflammations, degeneration. Any improvement in these difficult conditions would be of great value.

Recent papers on this subject are to be found in the *Schweiz. Med. Woch.*, Vol. XLI, pages 977 and 985, further in *Brit. Med. J.* November 7, 1936.

Yours faithfully,

STEPHEN DE GRÓSZ, M.D.

MÁRIA U. 39, BUDAPEST,
HUNGARY. November 13, 1936.

"POSTERIOR NEEDLING" IN THE TREATMENT OF LAMELLAR AND OTHER FORMS OF SOFT CATARACT

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—Dr. Ballantyne's not too severe treatment of my letter on the above subject renders the task of making my final reply comparatively easy.

Dr. Ballantyne does not specify the dates of the textbooks he consulted, but the operative technique in the anterior needling operation has undergone a few modifications in the last 20 years or so, thereby eliminating the uncertainties and complications which have driven him to favour the posterior needling operation.

The term "practically intact capsule" refers to those cases where the opening in the capsule has been too small, so that a certain amount of aqueous fluid has gained access to the interior of the lens and caused some swelling and opacity of the fibres; subsequently the wound in the capsule heals or becomes blocked up so that the swollen lens matter cannot get out and swelling of the lens is produced.

No doubt the experiments performed by Sir John Parsons over 30 years ago were conducted for the purpose which Dr. Ballantyne indicates, but it is the description of the accompanying changes in the vitreous in many cases which has created in me the disinclination to disturb the vitreous through a wound in the sclera, unless absolutely necessary.

Also, I think it is the experience of most ophthalmic surgeons that in penetrating wounds of the eye, one can hold out more favourable prognosis in cases where the injury has not involved the vitreous but has been confined to the anterior part of the

globe. Therefore, for the various reasons I have mentioned I prefer the anterior needling operation.

Yours faithfully,

MALCOLM L. HEPBURN.

LONDON, December 4, 1936.

NOTES

Death

THE death of Dr. Daniel H. Velez, of Mexico, is recorded in a recent number of the *American Journal of Ophthalmology*, where a short notice of him by his friend, Dr. Manuel Uribe-Troncoso, appears. Velez was for many years professor of ophthalmology at the medical school and university of Mexico. Dr. Velez served in the army medical service and held the rank of of Lieut.-Colonel. In 1899, he joined Dr. Uribe-Troncoso in founding the Mexican Ophthalmological Society, and in editing the "Annales de Oftalmologia."

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Appointment

DR. FRANCIS H. ADLER has been elected Professor of Ophthalmology at the University of Pennsylvania.

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Trachoma

DR. R. J. V. PULVERTAFT has recently published a paper in the *Revue du Trachome* entitled, "The Nature of the so-called Follicles in the second stage of Trachoma," in which he drew attention to the histological changes in the nature of bleb-like excrescences which he attributed to blockage of the tarsal glands. Dr. Pulvertaft wishes to point out that in the summary of the literature he omitted to acknowledge Professor Birch-Hirschfeld's paper in *La Revue Internat. du Trachome* (1930), in which the same histological changes are described, as he had not seen this distinguished author's paper.

FUTURE ARRANGEMENTS

1937

- January* 8.—Royal Society of Medicine; Section of Ophthalmology.
January 29.—North of England Ophthalmological Society, at Sheffield.
February 1.—North of England Ophthalmological Society, at Manchester.