continued spasm, thereby achieving an efficient increase in the retro-bulbar pressure, the space so developed would surely form a constant feature at autopsy.

2. In the typical case of thyrotoxicosis with exophthalmos there is not the slightest sign of increased retro-bulbar pressure.

3. Contraction of the periorbital membrane in dogs, cats, sheep, etc., produces marked exophthalmos because, (a) it is a well developed muscular membrane, (b) it is in greater part a free and mobile structure. Waves of peristalsis may be seen to pass freely along it following a stimulation of the cervical sympathetic. In the ape, however, in which the orbit takes the form of a bony socket and the periorbital membrane is attached all round, thus resembling the human type, stimulation of the cervical sympathetic does not produce a protrusion of the eye-ball. Hence it may be pointed out that it is hardly logical to expect protrusion of the eye-ball in man in these circumstances.

Finally it may be added that the type of exophthalmos seen in Graves' disease is typically associated with lid retraction, a factor which undoubtedly depends upon a conjoint mechanism.

I am, etc.,

J. H. MULVANY.
(Radium Registrar)

KING'S COLLEGE HOSPITAL,
S.E.5, 21st May, 1938.

CORNEO-SCLERAL SUTURE IN CATARACT EXTRACTION

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—I have read with interest Mr. H. B. Stallard's article on "A Corneo-scleral Suture in Cataract Extraction, etc." in the May number of the Journal.

I have used a suture consistently for some time in all my cases of cataract extraction and agree with him as to the value of a suture of some kind. The suture which he describes is corneo-scleral—I very much prefer a purely conjunctival suture, a full description of which will be found in the *Trans. Ophthalm. Soc. U.K.*, Vol. LIII, p. 86, 1933.

This suture, like the corneo-scleral, is inserted before the section is made, and the technique of its insertion presents no difficulties. Its chief advantages, in my opinion, over the corneo-scleral suture are that a generous conjunctival flap can be obtained and that, owing to the very considerable tension exerted by the tightened conjunctiva, the lips of the wound are held in such close apposition that the danger of prolapse, short of direct violence to the eye, is

practically abolished. In all uncomplicated cases I perform a simple extraction, and have never seen a prolapse in a case of extra-capsular extraction when this suture has been inserted.

I cannot agree with Mr. Stallard's statement that "stitches in the conjunctival flap are useless" in checking loss of vitreous. On the contrary, the tension exerted by this conjunctival suture is so effective that in case of vitreous loss the iris repositor can if necessary be inserted between the lips of the wound without further flow of vitreous after the suture has been tied. With regard to its effectiveness in preventing post-operative hyphaema, I am not qualified to speak, as this is a complication with which I have fortunately not been troubled.

I am, Yours truly,

R. AFFLECK GREEVES.

23, WIMPOLE STREET, W.1

May 27, 1938.

NOTES

Honour IN the Birthday Honours List we are pleased to see the name of Wing-Commander P. C. Livingston, who receives the O.B.E.

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British Medical Association, Section of Ophthalmology AT the annual meeting of the British Medical Association in Plymouth this month the following are the officers of the section of ophthalmology. President: Sir Stewart Duke-Elder; Vice-Presidents: R. E. Bickerton, E. H. Cameron, C. B. F. Tivy; Hon. Secretaries: R. W. Paine (Plymouth), Wing-Commander P. C. Livingston.

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Ophthalmological Society of Egypt THE new Council of the Ophthalmological Society of Egypt has been formed for the year 1938 as follows:—President: Dr. Mohammed Mahfouz Bey, Principal Medical Officer, Ophthalmic Section, Government Hospital, Alexandria; Vice-President: Dr. Hassan Barrada Bey, Ophthalmic Inspector, Ministry of Public Health, Cairo; Hon. Treasurer and Archivist: Dr. Eisa Hamdi El Maziny Bey, Director, Ophthalmic Hospitals, Ministry of Public Health, Cairo; Hon. Secretary: Dr. Mohammed Khalil, Ophthalmic Surgeon, Qalawoon Hospital, Cairo; Hon. Assistant Secretary: Dr. Ahmed Abdel Rehim Fahmy, Tutor, Ophthalmic Hospital, Giza.

All communications are to be addressed to the Hon. Secretary, Ophthalmological Society of Egypt, 4, Baehler Street, Cairo.