The next series of Perspex balls will be made with perforations as Major Wright suggests; at present they have a rough or smooth finish.

We also provide Perspex artificial eyes for awkward sockets, but our experience in this line is not equal to that of the M.E.F. where the practice has been in vogue for some time with very satisfactory results.

Yours faithfully,

B. W. RYCROFT.

December 27, 1944.

PHLYCTENULAR OPHTHALMIA

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—The discussion taking place on phlyctenular ophthalmia is to those of us who live in Southern Australia very interesting.

If tubercle be the cause as some seem to think, the unhappy increase of tubercle recently in Victoria should be accompanied by an increase of phlyctenular ophthalmia. This condition long since was common. Now it is a rarity. I have not seen or heard of more than an odd case. I regarded it always as a deficiency disease, usually lack of protein. On a good diet it disappeared. Like trachoma in this part of Australia, it is a disappearing disease. Unhappily tubercle has since shown lately an increase, but so far as I can make-out phlyctenular ophthalmia has not increased as one would have expected if tubercle was the cause.

I make no suggestion regarding the considerable amount of investigation which is and has been conducted, but simply state the facts as set out. The disappearance of trachoma is likewise a puzzle. It all points to a complex of causes difficult to unravel.

I have consulted many colleagues and the Ophthalmological Society, none of whom have seen any cases. But a physician who deals extensively in tuberculous diseases said he had seen one case in a tuberculous patient. Such are the facts as known to me.

Sincerely yours,

JAMES W. BARRETT.

MELBOURNE,

November 11, 1944.