proved standards for the illumination of test types, I have found it adequate for domiciliary work.

(iv) The test types, also housed in the lid (Fig. 2), can be removed and turned round, one side being printed for direct vision, and the other for mirror testing. They are washable and the surface is non-reflecting.

(v) The mirror (Fig. 3) is readily adjustable and can easily be fixed at the desired angle if the size of the room necessitates reverse testing.

(vi) The mirror is incorporated in what is virtually a pad of Dunlopillo which holds the lenses in place during transportation of the outfit. This Dunlopillo allows one to stand the mirror on any surface without risk of damage.

(vii) The tray of lenses (Fig. 2) is removable, and can, of course, be used independently from the rest of the outfit.

(viii) The built-in spot-light to be used for muscle balance testing gives sufficient illumination in a dark room for retinoscopy.

CORRESPONDENCE

PTERYGIUM

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—Mr. C. Heath states in the July number of your Journal (*British Journal of Ophthalmology*, 36, 393, 1952) that several books on ophthalmic surgery have appeared since Kamel described his method of dealing with pterygium (*British Journal of Ophthalmology*, 9, 549, 1946), but that as far as he is aware in none is Kamel's procedure mentioned.

If Mr. Heath will look in "Eye Surgery", 1st edition, 1946, p. 226, and 2nd edition, 1950, p. 320, he will find the full account which I wrote of Kamel's operation, and also accounts of other modern operations for this condition, such as D'Ombrain's.

Yours faithfully,

H. B. STALLARD.

81, HARLEY STREET,
LONDON, W.1.
July 17, 1952.