

thirty or forty years have been either acquainted with the original writings or have shown an adequate appreciation of the spirit which animated the pioneer work of their great master.

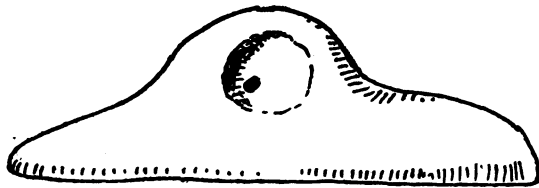
The lectures were taken down by the late Professor Mendel, so distinguished as a neurologist, and according to Professor Hirschberg, his notes are "ausserst sorgsam und fehlerfrei." The chapters of this first series—other series are promised in the course of time—deal with oculo-motor anomalies, the lacrymal apparatus, diseases of the iris, ciliary body, choroid, and retina. All are well worthy of careful study.

GEORGE A. BERRY.

CORRESPONDENCE

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—I was much interested in Mr. R. R. James's useful article on Roman oculists' stamps. With the consent of Col. Leopold Montague, the owner, I venture to send you another, as yet



Length 3.2 in.

unpublished and uninterpreted. The letters are deeply incised on the under side of a terra-cotta stamp as illustrated, 3.2 in. long at the base, and are naturally in reverse order. I suggest, though the interpretation of the lower line is not quite satisfactory :

POST OP
IVNEA M

Expanded this would be : *Post ophthalmiam Junea Melina.*
"After ophthalmia (use) the quince ointment of Juneus."

The lettering, as often in medical prescriptions and labels in chemists' shops, is intentionally cabalistic, partly Greek and partly Latin, mixed and varied and sometimes reversed: thus p and s reversed, n reversed, e a Greek capital, m Greek small and reversed. To the ignorant purchaser no doubt the Abracadabra style would add much to the efficacy of the ointment. As noted by Mr. James, an oculist's stamp in Samian ware is recorded in the British Museum Guide to Roman Britain, p. 34.

I am, yours faithfully,

S. E. WINBOLT, M.A.

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SPONTANEOUS ABSORPTION OF MATURE SENILE CATARACT

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—I suggest that the lens described by Mr. Ballantyne in the April issue of the BRITISH JOURNAL OF OPHTHALMOLOGY, pp. 202-3, represents the ultra-Morgagnian phase of senile cataract, but with the remains of the nucleus more transparent and perhaps thinner than usual. This phase was seen not infrequently in India.

Though present only in a minority of the cases the "numerous fine white spots" mentioned are characteristic of Morgagnian cataract, and of the final stage, with all the "milk" absorbed, leaving only the nucleus, more or less reduced in size in an otherwise empty capsule. The nuclear remains have the flat anterior surface and curved posterior surface mentioned by Mr. Ballantyne. The white dots are capsular, limited almost entirely to the anterior capsule, which is thickened. The clinical description was given in my book on "Cataract Extraction," 1908, and the minute anatomy in the *Trans. Ophthalm. Soc., U.K.*, Vol. XXXV (1915), pp. 349-53.

With the ultra-Morgagnian cataract more or less tremor of the iris is usually, if not always, present. If this escapes notice, in the cases without capsular opacities the semi-transparent nucleus may look exactly like the lens in the unripe stage of cataract of the dry shrinking type. Thus occasionally in Bombay the true condition was not recognized until the iridectomy was made in the combined extraction operation, showing a black coloboma above the upper edge of the small nucleus. Dilatation of the pupil in Mr. Ballantyne's case should in the same way readily