
(1) On analysis of 2086 cases of squint Lippmann comes to the following conclusions:—

1. There is no evidence of stigma of degeneration amongst squinters.
2. Stammering and left-handedness amongst squinters are within the normal incidence (4·8 per cent. and 1·7 per cent. respectively).
3. There is evidence that mastery of one half of the body determines which eye is to squint. If the two eyes are of equal value in refraction, left sided squint is more common in right-handed individuals.
4. The presence of a master-eye does not predispose to squint.

Arnold Sorsby.


(2) Ida Mann in this lecture stresses the inter-dependence of allied sciences and medicine and in particular illustrates the points of contact between ophthalmology and embryology, (1) in the region of the ocular cleft; (2) the vascular system of the eye (embryonic and adult); (3) the lens; (4) the vitreous.

The clinical features of certain congenital defects of the eye are reviewed and explained on embryological and anatomical grounds. There is much in this lecture that will interest the clinician as well as the scientist. It is too richly descriptive to lend itself to abstraction but should be read in the original.

H. B. Stallard.


(3) Fledelius gives a detailed account of 11 cases of traumatic iridodialysis under his observation. A point of interest is his experimental work:—He submitted the freshly excised eyes of pigs and calves to sudden traumatic disturbances by blunt
objects. In 4 out of 21 eyes the lens became subluxated forwards. He argues from this that Frenkel is right in holding that iridodialysis is produced by rupture of the zonula, allowing the lens to jerk forward on to the root of the iris.

**ARNOLD SORSBY.**

(4) Cordero (Parma).—The effects of the so-called vital double colouration of the eye. [Sugli effetti della cosidetta colorazione vitale doppia (bleu-pirrolo e litio carminio) del globo oculare]. *Arch. di Ottal.*, June-November, 1934.

(4) Cordero has used this double colouring in albino rabbits; he finds that it is little use to attempt to stain the tissues by instilling the liquid into the cul de sac of the conjunctiva, and has injected it into the anterior chamber after withdrawing a small quantity of the aqueous. He has used pirrol-blue and lithiocarmine, the latter being precipitated in acid media and the former remaining in solution in the presence of acids. He finds that all parts of the eye, with the exception of the retina, take up the colours, and that certain cells select one or the other while some accept both. In the cornea, the “pirrolophil” cells tend to be larger and rounder than the “carmineophils” which are elongated and less numerous; the difference of form is less noticeable in the other tissues.

**HAROLD GRIMSDALE.**

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**CORRESPONDENCE**

**THE TRACHOMA PROBLEM**

*To the Editors of The British Journal of Ophthalmology.*

**Sirs,**—With reference to my paper on “The Trachoma Problem” in the June number of the *Brit. Jl. of Ophthal.*, I wish to correct a mistake on page 313. It is there stated that F. F. Tang of Shanghai had isolated a number of strains of *B.* granulosis from trachoma cases. Dr. F. F. Tang has now written to me from the Henry Lester Institute of Medical Research, Shanghai, “Contradictory to your statement made in the paper we have never isolated any strains of typical *Bacterium* granulosis from trachoma cases.” It ought not to have been necessary for him to point this out to me as some of his publications, e.g., that in the *Chinese Medical Journal*, 48, 839, 1934, distinctly set forth his failure to isolate *B.* granulosis in untreated early trachoma. Dr. Tang also