objects. In 4 out of 21 eyes the lens became subluxated forwards. He argues from this that Frenkel is right in holding that irido-
dialysis 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 cosiddetta color-
azione 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 lithio-
carmine, 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.**

---

**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, “Con-
tradictory 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
points out that the patient I saw was just a casual individual produced for my benefit and not related in any way to their work, who subsequently developed the cicatricial changes, etc., commonly accepted as criteria of trachoma. I had no intention by my reference to this particular case of casting doubts upon the clinical material used in Dr. Tang’s researches. As Dr. Tang says, “the case was shown to you for opinion as we have declared at the moment rather than a demonstration of a case of trachoma,” and I regarded it in that light. I do not think the average reader of the paper would regard my reference to this particular patient as other than an example of a case in which I had a doubt to which I gave expression. I trust Dr. Tang will accept my apologies.

Yours faithfully,

R. E. Wright.

Government Ophthalmic Hospital,
MADRAS, August 1, 1935.

TRACHOMA IN THE INDIAN ARMY

To the Editors of The British Journal of Ophthalmology.

Sirs,—In reply to the letter of the Deputy Director of Hygiene and Pathology at Army Headquarters, India, which appeared in the current number of the Brit. JI. of Ophthal. I must express my regret that statistics quoted by me from official publications of the Government of India in the July number (p. 383 et seq.) should appear to him to contain “a mis-statement as gross as it is fantastic.”

Every ophthalmic surgeon who has a working knowledge of trachoma knows that army recruits drawn from a civil population which is almost universally trachomatized will bear the stigmata of trachoma to a similar degree. For an individual who has been infected with trachoma at some period will almost invariably show evidence of the disease for the rest of his life, and for statistical purposes is classed as trachomatous, although he may suffer little or no inconvenience from the vestigial remains of the disease. It is to be remembered that incompletely cicatized trachoma is liable to suffer a recrudescence as the result of irritation and to regain its contagious properties.

The excitement which has been caused by my appreciation of certain admirable reports emanating from the Government of India and from the British War Office appears to be excessive.