the tarsus itself. He draws particular attention to the cell infiltration around the follicles and holds that too much attention has been given to the follicle as against this infiltration which is the basis of not only scar formation but of necrosis and other histological complications. Treatment should, therefore, aim at reaching these reactions, but where these reactions are situated deeply medication is more difficult, and mechanical, as also surgical, interference finds a new justification.

Das Trachom. (Ergänzungsband). By Professor A. PETERS. Eighty-five pages. Basle: S. Karger. 1938. R.M. 4'20.

The present volume is a supplement to the exhaustive treatise on trachoma published by Peters in 1935, and deals with the literature on the subject that has appeared since November, 1934, to February, 1938. It is of the same inclusive character as the original book and like it is essentially of the encyclopaedic type rather than a critical survey. Nothing seems to have escaped the author and it is no fault of his that the section on therapeutics is almost an international pharmacopoea. Like the original volume this supplement is invaluable to the student of the subject.

Die Verätzungen des Auges. By OSKAR THIES. Pp. 103 with 60 Illustrations. (Beiheft No. 2 of *Klin. Monatsbl. f. Augenheilk.*) Stuttgart: Ferdinand Enke. 1938. R.M. 4'60.

Following a general discussion on the various factors and reagents causing ocular burns the author emphasizes the advantages of operative procedures particularly in the more severe injuries. As far as the skin is concerned the general procedures applicable to pedicle grafting are discussed. As for the eye the values of mucous membrane grafting are indicated. Of particular interest is his adherence to the teaching of Denig as to the advisability of early excision of damaged conjunctiva and its replacement by mucous membrane grafting. His advocacy is supported by impressive case results and he fully subscribes to Denig's dictum that the only correct treatment of caustic burns of the eye is immediate grafting.

CORRESPONDENCE

ANTEPOSITIO CONJUNCTIVAE FORNICIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—In the *Brit. Jl. of Ophthal.*, October, 1938, p. 636, Dr. Shimkin published a reflection on my re-claimed priority of

what he calls "Antepositio Conjunctivae Fornicis," denying this priority.

Dr. Shimkin only quotes my short note from the *Klin. Monatsbl. f. Augenheilk.*, Vol. LXVIII, p. 617, 1922, in which I simply extended my method—originally devised for trachoma—to cases of severe spring catarrh; but he does not refer to my former paper, which appeared in *Arch. f. Ophthal.*, Vol. CV, p. 542. Anybody who has read *this* paper, entitled, "Kaustische Resektion der trachomatösen Tarsalbindehaut," will agree with me that this is the same operation as "Antepositio Conjunctivae Fornicis," with the only difference that I destroy the affected tarsal conjunctiva by the galvanocautery previous to covering the denuded with conjunctiva from the fornix.

Yours respectfully,

Professor Dr. L. LIEBERMANN.

BUDAPEST, October 24, 1938.

Veres Pálné Str. 34.

HUNGARY.

NOTES

Royal Eye Hospital,
Research Department

ON November 2, 1938, Mr. L. Vernon Cargill, chairman of the Hospital, opened the reconstituted pathological laboratory and research department of the Royal Eye Hospital.

He recalled the foundation of the Pathological department nearly 50 years ago and pointed with justifiable pride to the good work done there. The new extension should make it easier to continue the work. A new animal house have been installed, the museum has been overhauled, the specimens has been remounted, relabelled and catalogued. Representative specimens have been starred in the catalogue and provided with labels of distinctive colour. The collection of melanomata of the choroid, intra-ocular foreign bodies and eyes with expulsive haemorrhage is very complete. Representative slides and reference books are available in the out-patient department.

Mr. R. H. Rushton demonstrated his new method for the clinical measurement of the axial length of the eye. The dark adapted eye is sensitive to X-rays. By his instrument a beam of X-ray can be moved forward till it impinges on the posterior pole of the eye and