MISCELLANEOUS

patients, to-day the annual number exceeds 150,000. These figures speak for themselves and are a matter for congratulation for all concerned.

Arrangements during the War: Preliminary Notice

The management of the *British Journal of Ophthalmology* hopes to be able to publish 48 page numbers till the end of this year in order to complete the XXIIIrd volume. It has been decided to discontinue the section on contemporary ophthalmic literature and drastically to curtail the abstract section.

We hope to give a note on future policy in the December issue.

ABSTRACTS

I.—MISCELLANEOUS


(1) An abstract of Lyons previous work on spring catarrh was given in Vol. XXII, No. 9, p. 563. He stated that the lesions are not due to a proliferation of pre-existing connective tissue but to an invasion of the normal conjunctiva by new fibrinous material and wandering cells, originating from the capillaries of the conjunctiva; that there must be an intangible and indefinite abnormality of the capillaries, and that the lesions are merely local manifestations of a general bodily departure from the normal. The process is the same whether the disease attacks the palpebral or the bulbar conjunctiva, and the form each lesion takes depends on the structural characteristics of the site involved and the degree of capillary leakage.

This disease is always bilateral and usually symmetrical. It may begin in any part of the vascularized subepithelial tissues of the lid or globe, either from the vessels normally present in the episcleral tissue or from new vessels such as those of trachomatous pannus. This may be one of the chief reasons for the frequency and severity of spring catarrh in trachoma-infested countries.

If the conjunctiva is wiped with a swab and immediately examined under magnification, tiny droplets like dew are seen to exude through the epithelium. They grow in size and coalesce to form a film over the tarsal conjunctiva. As soon as one film is removed another