postponed for long as the tension remains high though the pain has ceased. It is interesting to see the corneal oedema disappear while the hypertension persists after the orbital injection. The author claims therefore that the usual view regarding the corneal oedema as a sequel to the increased tension is wrong. Further, orbital injections of alcohol have an established value in the treatment of iritis and iridocyclitis, especially in hypertensive and very acute cases. It is striking to see a patient suffering from gonococcal iritis relieved by the injection.

The corneal sensation returns 48 hours after the injection, but the pain does not. The injections may be repeated weekly.

HUMPHREY NEAME.

CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—In his second letter, *Brit. Jl. of Ophthalm.*, December, 1938, Professor v. Liebermann refers to his paper: "Kaustische Resektion der trachomatoesen Bindehaut," published in the *Arch. f. Ophthalm.*, Vol. CV, pp. 542-550, 1921. From this paper it may be understood that this operation was applied by him in 22 cases of cicatricial trachoma, and in 14 other cases this operation was combined with tarsectomy—but till now not a single case of operation of a severe case of spring catarrh by this method has been published by him.

In 1922, in the *Klin. Monatsbl. f. Augenheilk.*, Vol. LXVIII, p. 617, Prof. v. Liebermann wrote that he proposed to perform this operation in suitable severe cases of spring catarrh, and even gave to this proposed operation the name: "Kaustische Resektion der Tarsalbindehaut bei Conjunctivitis Vernalis"—but so far, evidently this proposition was not carried out, since no operation in a severe case of spring catarrh by his method was published by him.

Basing myself on 32 cases of severe spring catarrh operated on by my method, I may say that the caustic resection proposed by Professor Liebermann is not applicable in cases of severe spring catarrh. From the Fig. on page 546, *Arch. f. Ophthalm.*, which demonstrates his operation, I understand that the three sutures drawing the everted tarsus, are lying on the surface of the conjunctiva, 1.5 mm. from the border of the lid. These sutures must prevent the destruction by galvanocautery of the papillae of spring catarrh,

"which sometimes have grown so violently that they turn up to the intermarginal line forming such a thick layer of conjunctiva that it is 2-3 times thicker than the tarsus lying under it." (See my paper, p. 288.) Deep galvanocautery in such cases must destroy the whole border of the lid together with the lashes, and make an unmendable deformity of the lid itself.

I take the liberty of asking Prof. Liebermann to read my operation in full in the original, and not only the short abstract in the *Klin. Monatsbl. f. Augenheilk.*, January, 1938, Vol. C, p. 112, of the paper read by me in the XV Concilium Ophthalmol. On the basis of this short abstract he claims his priority also in the same volume of *Klin. Monatsbl. f. Augenheilk.*, p. 469. If he will do so I hope it will be clear that my operation is entirely different from his "proposed caustic resection," which I repeat was never performed by him in severe cases of spring catarrh.

In conclusion I permit myself to publish below Professor A. Trantas', of Athens, letter to me of 28/8/38 concerning the priority of Professor v. Liebermann in the above-named operation; it is essential to mention that Professor v. Liebermann, in the *Klin. Monatsbl. f. Augenheilk.*, 1922, strongly criticises the operation of Trantas, which is similar to my idea, but about which I never heard before.

"Cette opération et la vôtre se ressemblent, mais il est incontestable que nous avons travaillé tous les deux indépendamment l'un de l'autre. C'est pour cela que je vous félicite pour votre initiative. Quant à Mr. Liebermann, il a tort, car, comme vous le dites bien, son procédé est tout autre et encore parce que lui-même reconnaît qu'il ne l'avait pas essayé dans aucun cas du catarrh printanier, et encore parce que ma communication a été faite le 1919, tandis que lui-même le 1921, il n'avait pas pratiqué encore aucune opération sur le catarrh printanier, ni même la destruction de la conjonctive tarsale par le galvanocautère. Dans le travail du 1920 du Liebermann il s'agissait de l'application de sa cautérisation et recouvrement par le cul de sac dans le trachome et non dans le catarrh printanier.

Je répète que j'ai senti un réel plaisir parce que vous aussi avez eu la même idée indépendamment de moi."

Sincerely yours,

Dr. N. I. SHIMKIN.

HAIFA, December 14, 1938.