number of pages may, however, have brought about a notable omission in this volume, since there is no chapter on practical methods—embedding, staining, etc. This is certainly called for, because many of the procedures used are special to ophthalmic pathology, and descriptions of those which have proved of service to the author would have great value to his co-workers in other hospitals.

We cannot conclude without congratulating Dr. Wolff upon a notable addition to British Ophthalmic literature.

CORRESPONDENCE

PENICILLIN

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—I have read with great interest the article on penicillin by T. Crawford and E. F. King.

Their experience is almost identical with my own, with the exception that I use a stronger solution, 500 units, in 1 c.c., and I dealt simply with conjunctivitis and not ulcers. The results are varied. Most of them have been favourable, some almost dramatic. One child who had taken one month to get rid of ophthalmia, had a recurrence which was cured in two days by penicillin. But the remarkable feature is the difficulty I have had in getting any organisms from the eye. I note in case 25 they have the same experience. In one severe case I had, we removed a piece of the conjunctiva and failed to show any organism. There is, however, another fact that cannot be overlooked. With all new drugs there are unexplained conditions and evidences of human fallibility.

Long ago I took up the history in detail of eserine and homatropine, and went through the literature from beginning to end. The striking feature was at the outset they cured all sorts of diseases, and as year by year passed, the claims diminished until they reached all uses of which they are now put.

Penicillin has been a great development, but I now cannot tell why the majority of cases in ophthalmia do well, and some fail. We shall learn as time goes on. The only ill effects I have seen are swelling under the lower lid apart from the eye. It was not serious, and soon passed away.

I am, etc.,

James W. Barrett.

Melbourne,
October 19, 1944.
A. Direct lateral view.—X-rays not truly lateral, thus nasal edge of ring shows in front; f.b. correctly placed re temporal edge of ring.

B. Direct lateral view.
C. Direct lateral of orbit. N.B.—Both the larger and the tiny f.bs. were identified and removed at operation. Paresis of the internal rectus muscle with diplopia remains.
C. Oblique lateral.
A. Oblique lateral view.—Eye turned laterally to left, showing f.b. more posterior to temporal edge of ring-eye has turned while ring has only tilted to the left.
B. Oblique lateral view.—Lead bead denoting nasal edge of ring appears in front, i.e., ring tilted laterally as eye is turned laterally.
C. Wounded July, 1944, while in a tank blown up by a mine. At operation July 29, 1944, a piece of thin sheet metal was removed from the internal rectus muscle near its origin.
A. Left eye.—Shell wound February, 1944, entrance wound 1 o'clock with localised lens opacity, and peripheral iridectomy. Iron fragment removed at operation July 31, 1944, embedded in sclera, projecting inside globe and outside, which was covered by adherent external rectus muscle posterior to equator. Much vitreous opacity and old vitreous haemorrhage. V, 6/60.
B. Right eye.—Shell wound, January, 1944, entrance wound through sclera and lateral rectus tendon. Giant magnet negative at numerous trials. Much vitreous haemorrhage—nil seen inside eye, which slowly depreciated, becoming soft with fine keratitis punctata. Enucleated August 8, 1944. ? Iron (very weakly magnetic) f.b. found encapsulated in organised tissue firmly adherent to sclera and ciliary body on nasal side—a firm organised band crossed the vitreous to the scleral site of entry wound. N.B.—Is not magnetic like ordinary steel.