which complained of a lump on the lid, and the other of defective sight, but neither of them had any haemorrhage from the tumour.

On evertting this patient's left upper lid, a small pedicled tumour the size of a pea was at once seen, growing from the surface of the palpebral conjunctiva, mid-way between the upper fornix and the lid margin and slightly towards the nasal side; the tumour looked vascular and semi-transparent, was flattened from before backwards and was freely movable on its pedicle: there was no general conjunctival hyperaemia, nor any excessive lacrymation.

The tumour was snipped off with scissors and its base cauterized with silver nitrate stick. Dr. Claridge kindly cut a section of the tumour for me and reported as follows: "It consists of a collection of capillaries with a very small amount of connective tissue, and is evidently a capillary angioma or naevus."

On looking at the slide after reading Messrs. James and Trevor's communication on the subject, one can see with the naked eye that it is a pedunculated tumour enclosed in a capsule; its appearance is remarkably similar to the illustration of the section appearing in the paper in question, except that I do not see any pigment in any part of the slide. If the surviving author of the communication above referred to would care to see the section, I shall be pleased to send it to him.

Yours, etc.,

Norwich, July 9, 1919.

G. Maxted.

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MYOPIA

To the Editor, British Journal of Ophthalmology.

Sir,—Dr. Thomson's paper in your July issue recalls some work* I did on this subject years ago. He deals with children only, and while his numbers are small it is interesting to observe that he breaks away from the blind continuity of text-book tradition. Anyone interested should study the laws of heredity, for myopia exhibits an interesting sex limitation, but this can only be brought out when large numbers are dealt with.

Yours, etc.,

J. A. Wilson.

The Lord Derby War Hospital, Warrington.

July 5, 1919.