

or whether the patient has been in contact with any other tuberculous subject. The primary infection, which usually involves the mediastinal glands, is described and the spread of the infection to other organs of the body. The ocular involvement is divided into early and late types, and includes phlyctenular kerato-conjunctivitis, deep keratitis, and uveitis. The differential diagnosis of ocular tuberculosis is considered, and treatment is described. The second section of the monograph is devoted to tuberculosis of the lymphatic glands and to the relationship of this condition to ocular tuberculosis. Radiotherapy is advised for tuberculous lymphadenopathy and details of the methods of treatment are given.

NOTES

MIDLAND OPHTHALMOLOGICAL SOCIETY

Session 1954-1955

November 23, 1954, 3 p.m., DERBYSHIRE ROYAL INFIRMARY, London Road, Derby.

March 15, 1955, 3 p.m., COVENTRY AND WARWICKSHIRE HOSPITAL, Stoney Stanton Road, Coventry.

May 21, 1955, Joint meeting at Sheffield with the North of England Ophthalmological Society (details later).

June 10, 1955, 3 p.m., SHREWSBURY EYE, EAR, AND THROAT HOSPITAL, Murivance, Shrewsbury.

September 30, 1955, 2 p.m., BIRMINGHAM AND MIDLAND EYE HOSPITAL, Annual General Meeting, including the Middlemore Lecture.

November 25, 1955, 3 p.m., OXFORD EYE HOSPITAL, Walton Street, Oxford.

OBITUARY

WILLIAM HENRY SIMPSON

THE death occurred at his home in Wellington on July 28, 1954, of Dr. William Henry Simpson, a veteran of both world wars and one of the leading eye specialists in New Zealand. He was educated at Otago and Edinburgh Universities and completed his training as a house surgeon at Moorfields. He was associated with the Wellington Hospital from 1922 until his retirement last year. He is survived by his widow and one son, Dr. Derek Simpson, who is in practice as an ophthalmic surgeon in Vancouver, B.C.

CORRIGENDUM

British Journal of Ophthalmology (1954), 38, 637, l. 6: for "does prove" read "does not prove".