has been made to the necessity of moistening the cornea during operation, and thinks that the keratitis mentioned on page 262 may be due to the omission of this very necessary precaution in tropical work. I should be very sorry to give the impression that I do not value the moistening of the cornea. I am wholly in agreement with him on the subject, and it has always been the custom in Madras to use an irrigator very freely for this and other purposes.

I have broken my rule of never answering reviews, driven by the fear that the impression conveyed to so able a critic as Colonel Herbert might be shared by others of less experience, and so lead some beginners to omit a measure on whose necessity I am absolutely in agreement with my reviewer.

Yours truly,
R. H. ELLIOT, Lt.-Col. I.M.S., Retired.
Oct. 31st.

MODIFIED ANGELUCCI'S FIXATION

To the Editor of the BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIR,—I have now adopted, as a routine measure, a modification of Angelucci's method of fixation in cataract and other intra-ocular operations. I pass a silk suture through the superior rectus tendon, and bring the two ends separated on to the forehead, where an assistant fixes them with his fingers; the lid is thus held firmly out of the way while the eye is rotated downwards, it is impossible for any pressure to be put on the eyeball, the suture can be released instantaneously without the manipulation necessary with a speculum, which can be dispensed with, and while fixation forceps can be used for the section in cataract, they are unnecessary afterwards.

Yours faithfully,
W. H. BRAILEY.
Landsdowne Place, Hove,
October 17, 1920.

BOOK NOTICE


In undertaking to write a book on "Clinical Ophthalmology for the General Practitioner," the author set himself a novel task and one not free from difficulty. Whether or no his attempt has been successful, i.e., whether he has given the man in general practice