

impossible within the limits of this notice to refer to the contents of each chapter; but the student will find therein ample and up-to-date information. Much of it pertains to operative procedures and technique devised or evolved since the first edition appeared, as for example, dacryo-cysto-rhinostomy operations, the accurate localisation and removal of foreign bodies in the eyeball and orbit, and the more modern plastic surgery of the eyelids.

The author, in his preface, writes:—"Faire voir et bien voir, tel était le but que nous avons essayé d'atteindre." In our judgment this aim has been successfully attained. The book is well written, the descriptions of operations are very clear and easy to follow, the choice of illustrations and their execution is admirable. We have read the volume with great pleasure.

The publishers have done their part thoroughly, the text is singularly free from errors, and the printing of the letterpress and of the illustrations is excellent.

J. B. LAWFORD.

CORRESPONDENCE

SMALL FLAP SCLEROTOMY.

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—I realize that you have already given to this discussion more space than its interest may deserve, but I would ask you kindly to allow me to answer Colonel Herbert mainly on questions of fact.

He accuses me of questioning the existence of drainage through the wound, of which a section was shown in his paper. I did *not* do so. On the contrary, in my third paragraph, I have admitted the presence of the drainage claimed twice over in five lines. I took exception, and I still take exception, to the confusion of this temporary drainage, with which we are all familiar, with permanent drainage, in defiance of clinical experience and in the absence of anatomical evidence.

He accuses me again of the mistake of confusing the sclero-corneal scar with the secondary conjunctival changes over it. I have never made such a mistake; but inasmuch as the scar is covered by conjunctiva, and inasmuch as the alterations in that membrane may hide the fistula, I can only repeat my statement, that it is not possible to say, from the mere inspection of a scar, that it is not fistulous. Colonel Herbert thinks that much misconception would be avoided if the scars were studied with focal illumination and a + 20 D. lens. I, personally, have always used the more accurate method of employing a corneal microscope for the same purpose.

Colonel Herbert differs from me about the asepsis of sclerectomy wounds. I fear we must agree to differ.

Colonel Herbert's directions for the avoidance of late infections are founded on the assumption that scar tissue may remain indefinitely pervious to filtering fluid. In the absence of anatomical evidence in the support of this view, which, to my mind, is opposed to the teachings of physiology and pathology, I fear that I cannot discuss his contentions with any profit. We are arguing from totally different premises.

Colonel Herbert asks what becomes of the corneal portion of the conjunctivo-corneal flap, and assumes that it becomes sealed down to the subjacent cornea. May I quote him one paragraph out of several from my book, which he speaks so kindly of, in answer to his question. "The photographs (Figs. 145 and 146) show this very clearly. Suffice it here to say that the flap made by splitting the cornea along its planes of cleavage, and by flushing those planes at once and permanently with isotonic, aseptic, aqueous fluid, does not tend to cicatrise down to the underlying sclera." Any surgeon who has used my method will bear out this contention. I need not labour the point.

In conclusion, I should be sorry to think that I had said anything either to hurt Colonel Herbert's feelings or to disparage the valuable work he has done both in the domains of pathology and of clinical research. I thought I had made it clear that the criticism to which he takes exception was directed to one point, and one point only, namely, his conception of a spongy filtering scar. I hasten to make all the amends in my power, if I, quite unintentionally, conveyed any other impression.

Yours truly,
R. H. ELLIOT.

54, WELBECK STREET,
CAVENDISH SQUARE, W.1.
April 6, 1921.

THE GUILD OF BLIND GARDENERS

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—I write to ask your kind help in making known to the medical profession an organization (The Guild of Blind Gardeners) which is being established to provide out-door occupation for the blind.

The matter was brought before the Oxford Ophthalmological Congress in 1919, and met with very warm sympathy from the medical men present. Since then a good deal of work has been