transpalpebral migration to occur it would be necessary for the eyelid to remain relatively stationary over the extruding exoplant. This patient’s bilateral blindness and phthisical left eye almost certainly facilitated the severe extrusion by reducing lid movement as well as patient awareness. We consider that transpalpebral erosion will continue to be a most uncommon presentation of scleral buckle extrusion.

This work was supported in part by the Heed Ophthalmic Foundation (Dr Winward) and the Heed Foundation/Knapp Fellowship (Dr Johnson).


**FIFTY YEARS AGO**

*Superficial epidemic punctate keratitis*

In conclusion it might be useful to add that the designation 'superficial punctate keratitis' or 'keratitis diversiformis et uveitis anterior' would appear to be inappropriate as these do not define the primary condition, but serve to indicate its complication only. Our experience would seem to show that it is primarily a disease of the conjunctiva caused by an exogenous infection which according to its severity spreads to the lymphatic glands in one direction, and, in the other direction, to the adjacent tissues of the conjunctiva, involving the cornea and uvea, causing superficial or deep complications according to the depth to which the infection has travelled.

"'Acute kerato-conjunctivitis of undefined origin' occasionally becoming epidemic' would seem more aptly to describe this clinical condition. – Conclusion of an article by Viswalingham A. Epidemic superficial punctate keratitis in Malaya. *Br J Ophthalmol* 1941; 25: 313-24.