scar by other methods, seems to show that this danger is imaginary rather than real, provided the iris is covered by a sound conjunctival flap. At the same time it would probably be found that if the operation of trephining were limited to primary cases of glaucoma and the formidable list of contra-indications mentioned above were excluded, the incidence of secondary infections would fall correspondingly.

CORRESPONDENCE

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—At a recent meeting of the Section of Ophthalmology of the Royal Society of Medicine, a case of blood-staining of the cornea was shown. The President enquired if any member of the Section had “known this condition to follow surgical interference in the eye when there had been extensive haemorrhage into the anterior chamber. . . .”

As no answer to the question was forthcoming at the meeting it may be desirable to put on record a case (the only one known to me) in which blood-staining of the cornea followed an extraction of cataract.

The operation was performed on January 19, 1925, three months after a preliminary iridectomy. Extraction of the lens was easy and without complication: nothing untoward occurred until the 29th, when after some pain during the night I found the anterior chamber full of blood. Within a few days it became obvious that the cornea was deeply stained, the appearance being similar to that seen after accidental wounds. The eye slowly became quiet and the patient went home on February 23.

On April 5, 1927, the blood-staining had almost entirely disappeared, and the central part of the cornea was bright. Vision, which had been reduced to bare hand movement, had improved to 6/60 and Sn. 1.75, and would have been better but for some opaque capsule in the pupil. Naturally I did not feel inclined to advise further operative interference.

I am, etc.,

J. B. LAWFORD.