reviewer. It is divided into three sections; the first devoted to formulas, the second to abridged treatment, and the third to miscellaneous subjects, which last includes a section on dangerous drugs; weights and measures; solubilities; vitamin contents of various foods; doses; idiosyncrasies and incompatibilities; local anaesthetics; abbreviations and glossary; normal values for C.S.F. and blood, and bacteriology; sulphonamides; and electro-therapeutic adjuvants.

The author has invoked the help of many specialists in various departments, and it is evident that the sections have been carefully scrutinised. That on formulas is excellent, but the value or even advisability of the section on treatment is less certain. The author discusses the treatment of a vast number of conditions, arranged alphabetically, in 64 pages, and it is unavoidable in these circumstances that many dogmatic statements are made on subjects some of which will be considered controversial. In the third part the factual statements are well arranged and will be of great value; some of the abbreviations, however, are by no means in common use, and their employment would cause confusion. On page 170 the author uses the term lachrymo-cystitis, which is unknown to the reviewer, and moreover does not appear in his glossary. Glaucoma receives incidental mention in the section on electrical treatment, but does not appear in the list of diseases amenable to adjuvant treatment of this kind, whereas many would affirm that it should head the list, in which one is also surprised to find ptosis. The index is very full.

One cannot but feel that this book will be more valuable and less dangerous in the hands of the expert ophthalmologist than in those of one whose knowledge will not permit of a critical appraisement and application.

CORRESPONDENCE

SYMPATHETIC OPHTHALMITIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—I must first apologise to Mr. Humphrey Neame for my delay in replying to his criticism of my case of sympathetic ophthalmitis. I have been trying to obtain some more information about the exact nature of the inflammation. I feel very gratified that Mr. Neame has suggested that the case was one of ordinary cyclitis. For a long time I tried to take this view, but ultimately I

came to the conclusion that the clinical nature of the inflammation was that of sympathetic cyclitis. I should like to think that Mr. Neame is right and that I was not to blame for retaining the exciting eye too long. I regret that as far as I can ascertain the exciting eye was not examined histologically. We have no pathological department at The West Bromwich Hospital, and send our eyes to The Birmingham Eye Hospital. I froze this eye and bisected it. It was obvious that the lens had been incompletely removed, but I noticed no thickening of the choroid or any other appearance to suggest that the inflammation was not of the ordinary type. The specimen ought to have gone to Birmingham for examination, but apparently was never sent there. My only excuse is that I am quite single-handed in my work at this Hospital, and often have to work under high pressure. Again thanking Mr. Neame for his helpful and comforting suggestions.

I am, Sirs,

Yours faithfully,

T. HARRISON BUTLER.

HAMPTON-IN-ARDEN,
WARWICKSHIRE.

OPTIC NERVE INVOLVEMENT IN HEAD INJURIES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—With regard to Mr. F. C. Rodger's interesting paper in your January number, on "Unilateral Involvement of the Optic Nerve in Head Injuries," he mentions that the subsequent narrowing of the arteries on and pallor of the disc, and the degeneration of the nerve fibres *below* the injury, are not understood.

May I suggest as a possible cause in some cases, an interference with the vascular supply of the disc and the ganglion nerve-fibre layer of the retina, due to involvement of the ophthalmic artery or its first branch, the central artery of the retina, in the injury to the canal.

Yours truly,

ROSA FORD.

88, HARLEY STREET, W.1
April 17, 1943.