diathermy in the upper temporal quadrant between the ora serrata and the equator.

The specimen showed iridocyclitis, proliferation of the non-pigmented layer of the ciliary epithelium and many fibroblasts in the circumbental space.

Arruga in his recent textbook, "Detachment of the Retina," in describing the complications after surgical diathermy makes the following statement. "Another complication is the development of a cataract. This occurs in eyes severely traumatised by the treatment, but is rare with modern technique. When the lens opacity appears late (several months after operation), in patients of advanced age, it may be a senile cataract, developing prematurely as a result of the ocular disorders following the detachment of the retina or its treatment."

In the literature of retinal detachment other authors mention cyclitis, iritis, cataract and optic neuritis as complications.

However, I have not seen optic neuritis as a complication in my own series of cases, but I have formed the impression that some cases which had been treated unsuccessfully by diathermy developed lens opacities and a mild iridocyclitis earlier than would have been the case in the ordinary course of events. It is of course well-known that these complications may be remote sequelae to retinal detachment but it seemed to me that possibly surgical diathermy had hastened their onset in some cases.

I agree with Mr. Greeves that localization may be accurately done by means of surface diathermy, but I have found it on the whole less consistent and precise than katholysis.

Yours faithfully,

H. B. STALLARD.

LONDON,
January 26, 1937.

"RETIcular SUPERFICIAL VACUoLATION"
OF THE CORNEA

To the Editors of The British Journal of Ophthalmology.

Sirs,—May I ask if you can grant the space for the following comment:—Under the title "Reticular Superficial Vacuolation" I recently gave a brief description* of a definite clinical condition of the cornea, not, as far as I am aware, hitherto described. The necessary compression of space involved abbreviation which, as I now see, has led to an unsatisfactory presentation of the subject. Although, in describing this in a general text-book, I have classed it

under "Epithelial Degenerations," at present I cannot affirm its level with certainty, for this reason; the condition is visible only by retro-illumination and not by direct illumination (and therefore not in the optical section). By retro-illumination, it is on one uniform plane stereoscopically well deep to the surface of the epithelium (as located by any adventitious object such as a tear-bubble) to an extent that suggests a level at the surface of Bowman's membrane; but until a case presents itself having a chance additional feature stereoscopically in the same plane by retro-illumination and also visible in the direct illumination of the optical section, it is not possible to determine clinically the exact level of this entity. When, and not before, some such chance has presented itself, I shall publish as full an account as I can of this interesting condition. I would like to add here that I used the word "vacuolation" only provisionally, on the ground that the faint elements composing this feature have the refractile property of "unreversed illumination" (see bottom of p. 447); but their visibility is less than that of the ordinary intra-epithelial vacuole—perhaps because their shape is different, or perhaps because the difference between their refractive index and that of the surrounding tissue is less—and it might prove eventually that their pathology is different from that of the common vacuole. I have clinical evidence suggestive of the condition being a neuropathic one.

My object in asking if you will kindly insert this comment is that I desire to obviate misinterpretation resulting from tentative presentation within the short space permissible in a text-book.

Yours truly,

BASIL GRAVES.

LONDON,
January 15, 1937.

OBITUARY

A. HUGH THOMPSON

We much regret to announce the death of Dr. Arthur Hugh Thompson. He was born in Cardiff in 1859, and went up to Trinity College, Cambridge, with a scholarship. At this time he showed no particular interest towards the medical profession and he graduated in arts and spent some years in coaching and lecturing. On coming to London he worked at Toynbee Hall for some years, during which time his thoughts turned towards medicine. Thompson was a student at the London Hospital and took the M.R.C.S. in 1891. In the same year he took the M.B.Cantab. and later proceeded to the M.D. After a period of residence at "the London" he began
"RETICULAR SUPERFICIAL VACUOLATION" OF THE CORNEA

Basil Graves

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