Case 6, a woman aged 34 years, presented changes in the uveal tract and central nervous system in addition to skin lesions. In another case, reported from the literature, there developed bilateral papilloedema, which in one eye went on to optic atrophy, while in the other, a small mass was observed to be in front of the disc. Autopsy showed masses of epithelioid cells involving the optic nerves, chiasma, cerebral peduncles and left temporal lobe.

From these and other case reports, it appears that uveo-parotid fever and sarcoid may be different manifestations of the same fundamental disease. The nature of this has not yet been conclusively demonstrated, but arguments in favour of a tuberculous aetiology are (1) the occurrence of tuberculous lesions elsewhere in the body; (2) the histological characters of the lesions; (3) the transformation into classical tuberculous lesions that sometimes occurs; (4) the disappearance or alleviation of sarcoid lesions when this happens. It is probable that for sarcoid to develop, the tubercle bacilli must be few in number, and of low virulence in a host who is only slightly allergic and has a high resistance. Another possibility is that the lesions are of spirochaetal origin. Three of the six cases reported by the author had positive Wassermann reactions.

F.A.W.-N.

CORRESPONDENCE

DEMANDS OF THE SERVICES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—The letter in your December issue on the demands of the Services asks for an obvious reply.

Mr. Rugg-Gunn's argument appears to be that the mass of ophthalmic work in the Army is refractions, that the energies of Ophthalmologists are being "deflected from their proper sphere of ministering to the need of the civilian community" and that Service refractions should be done by sight-testing opticians under medical control.

Assuming that his argument applies to the Army at Home only, the following observations appear relevant:—

1. The bulk of Army work to-day in this country certainly does consist of refractions—but so does the bulk of civilian work, certainly over 80 per cent. This, however (so far as the Army is concerned) applies only to conditions of "peace," but other contingencies have to be catered for.

2. Much of the purely refraction work in the Army is done by graded ophthalmologists who would be doing the same thing in civilian life. Ophthalmic specialists attached to Military Hospitals undertake duties which correspond roughly with those falling to the lot of specialists dealing with any other cross-section of the community, whether in private or hospital practice.

3. Since, then, refractions it must largely be at the moment, it remains to be decided whether the vision of the Army or the civilian population is the more important. I grant that a strong case can be made out for munition workers in precision jobs; but Mr. Rugg-Gunn's argument in the second paragraph of his letter indicates how exceedingly important he considers vision in the modern mechanized Army; indeed, it would appear not only does the soldier's life but also the continued existence of the civilian community as such depend upon his vision. If we are ever to make up our minds to approach the conditions of total war, the logical conclusion would seem to be that civilian surgeons should hand over their practices to sight-testing opticians and join the Army.

4. This argument pre-supposes that there is an acute shortage of available ophthalmic surgeons—a conclusion with which, with figures at my disposal, I profoundly disagree. Moreover, the bulk of refraction work in the Army now having been completed, its needs are essentially ophthalmologists who can undertake operative work in the field abroad—and these it must have.

Yours very truly,

STEWART DUKE-ELDER.

Colonel.

THE WAR OFFICE, LONDON,
January 15th, 1942.

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—The letter of Mr. Rugg-Gunn which appeared in your December issue has caused great surprise and indignation among many ophthalmologists as shown by the protests this Board has received. In one paragraph he says that "the ophthalmic surgeon's time, energy and services are deflected from his proper sphere . . . and relegated to a type of work in which his special skill and experience are largely superfluous." This is indeed a strange doctrine to be preached by a practitioner in a speciality much of whose work must necessarily consist in the *care* of the eyes and not in the more spectacular work of operations. Apparently Mr. Rugg-Gunn would view with equanimity the voluntary handing over of this branch of ophthalmic work to half-trained people.