CORRESPONDENCE

OPHTHALMOLOGY AND (1) PENICILLIN,
(2) VINEYARDS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—(1) In your issue of June, 1945, Juler and Young describe the favourable results which they obtained by local applications of penicillin in the treatment of septic corneal ulcers. They advocate Saemisch sections for serious cases but caution against the risk of anterior synechiae. In septic ulcer with mild iritis and secondary glaucoma it cannot be disputed that this risk is real but in mine cases the pathology is quite different and the risk is less. Here there are multiple penetrations of the globe with retained foreign bodies, severe iritis and traumatic cataract; it is probable that because the iris is so well and truly stuck down that anterior synechia after Saemisch section in these cases were not seen.

(2) These authors also comment on the potency of penicillin in lanoline and vaseline combinations. There is no question that penicillin retains potency in a refrigerator but my tests had to determine what vehicle was most suitable for field conditions and it was found that at room temperature, lanoline was the least suitable. The authors agree with this but perhaps the real argument lies in the difference between the room temperature at Paddington in February and at Naples in May. Cameron (*Brit. Med. J.*, Feb. 17), has pointed out that penicillin is inactivated by liq. adrenal-hydrochloride 1:1000 *in vitro*; this is due to the Ph of the hydrochloride solution (Ph 2.8 to 1.2). Penicillin is not inhibited by adrenalin *per se* and can therefore be employed for convenience in mydrin injections.

(3) Although vineyards have become an anathema to doctors serving in Italy your apt annotation will be appreciated by Service ophthalmologists abroad. It also offers a favourable opportunity to remove any misunderstandings which may have been created by some of the recent letters in the Medical Press.

There are many differences between the service of an ophthalmologist in the E.M.S. and one in H.M. Forces but there is really only one which counts and that is the main hardship of any doctor's service in wartime, namely domestic separation for long periods.

(4) It is assumed that all ophthalmologists are anxious to serve their country to the utmost of their ability and that those who are not in H.M. Forces are in the E.M.S. It is well known that some E.M.S. surgeons are out of uniform through no fault of their own. Also, a high degree of physical fitness for a specialist in H.M. Forces is neither necessary nor demanded. The examples of older and

senior ophthalmologists who served in the last war and are serving in the E.M.S. now are too well known to need mention here.

(5) Whether the service of a younger man is to be an unlimited offer to serve in H.M. Forces anywhere or to be a limited offer of local service in the E.M.S. is entirely a matter for the individual conscience and is no part of the Services case. Nor does the extent of service in the E.M.S. concern the military oculist overseas and any idea that there is general mistrust in the Services on this account is mischievous and plain nonsense to those of us who are in touch with our E.M.S. friends, or with patients whom we have sent home. No serviceman overseas would presume to judge a situation of which he has little more than fragmentary knowledge.

(6) However, now that the emergency is less it is accepted by all responsible sections of the medical profession that speedy relief is justly due to those who have served abroad for some time in order that the sacrifice of domestic upheaval may be shared.

(7) The prior need of the Army in war is, and always has been, for ophthalmologists of ripe surgical experience, and this need will become more acute as demobilisation of senior and older men of long service proceeds. At present, owing to lack of replacements, Army ophthalmologists who have already completed over two years service abroad are having to be despatched for still more foreign service. Is it not logical that questioning eyes are now looking towards home?

(8) Special arrangements for exchange bristle with difficulties of administration which would inevitably cause delay: they are not now really required. Ordinary recruitment and demobilisation should be sufficient to continue to give our Forces in the Far East what is their due—a first-class ophthalmic organisation. To return to your vineyard, Sirs: would it not be as well for all of us now to reflect on Matthew XXI, verses 28-31?

Yours faithfully,

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ALLIED FORCE HEADQUARTERS,
OFFICE OF THE SURGEON, C.M.F.
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INTRA-OCULAR FOREIGN BODY LOCALISATION

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—I was interested to read Major Skeoch's article on the use of an "equatorial ring" in the localisation of intra-ocular foreign bodies in the March number of the Journal. As the accurate localisation of the I.O.F.B. plays an important part in ophthalmic war surgery any additional method demands careful study.