CORRESPONDENCE

CAVERNOUS SINUS THROMBOPHLEBITIS

To the Editorial Committee of

THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—Dr. A. Miklós' article, "The Cure for Cavernous Sinus Thrombophlebitis", in the *British Journal of Ophthalmology* (1950), **34**, 235, merits our heartiest congratulations. I am sure that I would readily pursue a similar therapeutic course under the described conditions, but since intrathecal medication is apparently frowned upon in our country, it might be worth while to point out some comments upon this therapeutic approach as demonstrated in a paper by Wilson, Rupp, and Wilson in the *Journal of the American Medical Association* (1949), **150**, 1076. In this paper, entitled "The Dangers of Intrathecal Medication", the authors have stated,

"The injection of any foreign substance into the subarachnoid space produces an aseptic meningeal reaction characterized principally by pleocytosis and increased protein content."

They believe that neurologic complications occur more frequently when the neural tissue is already damaged. They, furthermore, refer to a series of 51 patients with conditions other than primary disease of the central nervous system in which the electroencephalogram was found to be abnormal in more than 60 per cent. even when penicillin was administered only systemically.

In the author's second case only 60,000 units of penicillin had been administered intramuscularly after which it was decided to use penicillin intrathecally since the patient was getting worse. Miklós states:—

"Barton and others (1947), however, have found that with a normally permeable blood-brain barrier the usual 20,000 to 50,000 units of penicillin administered intramuscularly are not detectable in the spinal fluid, and that if the desired bacteriostatic concentration is to be attained, 600,000 to 1,000,000 units must be given intramuscularly."

Since it has been suggested that one should remember that the haemato-encephalic barrier is diminished in disease of the nervous system, and adequate diffusion may occur under pathologic conditions even though permeability is inadequate in normal experimental subjects, there may still be some difference of opinion regarding this permeability. However, the use of 600,000 to 1,000,000 units of penicillin intramuscularly initially as used by many in the United States may avoid the dangers of intrathecal medication.

In conclusion, Wilson, Rupp, and Wilson state :

"There is no doubt that intrathecal injections of drugs, anaesthetics and antibiotics produce neurologic complications in many cases."

Sincerely yours,

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May 2, 1950.

NOTES

INSTITUTE OF OPHTHALMOLOGY

THE new term commences Wednesday, October 4, 1950. The inaugural address will be given by Dr. Russell Brain, President of the Royal College of Physicians; his subject will be "Endocrine Exophthalmos". This will be followed by the annual dinner at Claridges at 7.30 p.m. Tickets, price 25s. may be obtained from the Secretary at the Institute.

Past students of the Institute and of the Moorfields, Westminster and Central Eye Hospital are cordially invited to attend.

Honours

DR. H. ARRUGA of Barcelona has been created a count by the Spanish government.

Fellowships

ON the occasion of the XVI International Congress of Ophthalmology the Royal College of Surgeons of Edinburgh conferred Honorary Fellowships upon Dr. H. Arruga of Barcelona, Sir Stewart Duke-Elder, and Dr. Alan C. Woods of Baltimore; and the Royal College of Surgeons of England conferred Honorary Fellowships upon Dr. P. Baillart of Paris, and Dr. Derek Vail of Chicago.

At its Annual Meeting on July 24 the Société Française d'Ophtalmologie conferred an Honorary Fellowship upon Sir Stewart Duke-Elder.

Death

We regret to announce the death of Dr. C. M. Stevenson of Cambridge.

ADDENDUM

The author of the article "A Plastic Disk for Retention of a Corneal Graft", which appeared in the July issue of the B.J.O. (p. 450), wishes to acknowledge Messrs. Theodore Hamblin, Ltd., as the makers of the acrylic disk as illustrated.