CORRESPONDENCE

INFLUENCE OF THE CRANIAL NERVES ON INTRA-OCULAR PRESSURE

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—Greaves and Perkins (1953) have recently published a paper on the influence of the third nerve upon the intra-ocular pressure. They seem to feel that their findings confirm the views of Henderson and Starling (1904) and refute the results of Schmerl and Steinberg (1949) obtained by different experimental procedures; they found, in short, that preganglionic or intracranial electric stimulation of the third nerve did not affect the intra-ocular pressure of five tested rabbits, except for some increase produced by the contraction of the extra-ocular muscles which lasted just as long as the period of stimulus (about 25 sec.). Intracranial section of the third nerve did not lower the ocular tension in one eye of the one rabbit followed up for several months.

The latter result cannot be discussed since it is based on a sample of one. The other findings might be correct for the procedure used by the authors, but they do not tend to confirm the findings of Henderson and Starling, for these authors studied the influence of the sympathetic and the fifth nerve, not of the third.

It is hoped that this note will stimulate the study of Henderson and Starling's valuable paper.

Yours faithfully,

E. SCHMERL.

TOLEDO, OHIO, U.S.A.

July 5, 1953.

REFERENCES

- GREAVES, D. P., and PERKINS, E. S. (1953). *British Journal of Ophthalmology*, **37**, 54.
HENDERSON, E. E., and STARLING, E. H. (1904). *J. Physiol., Lond.*, **31**, 305.
SCHMERL, E., and STEINBERG, B. (1949). *Amer. J. Ophthal.*, **32**, 947.

BOOK REVIEWS

Diathermy Treatment of Intra-Ocular Tumours. By M. J. MELCHERS. 1953. Pp. 135, 43 figs, bibl. M.D. Thesis, Utrecht. (Unpublished).

This is an interesting and important monograph emanating from Professor Weve's clinic at Utrecht.

Until comparatively recent times the only accepted treatment of malignant tumours of the eye, particularly melanomata and retinoblastomata, has been early enucleation, and the extreme malignancy of these tumours is indicated by the fact that, despite this drastic therapeutics, statistics show that death from metastases or spread usually ranges from 40 to 50 per cent. Enucleation, of course, is a drastic method of treatment, almost insupportably so when the neoplasm affects an only eye or (as in retinoblastomata) is bilateral. It is to the credit of Weve to have attempted an alternative method of treatment, by initiating destruction of retinoblastomata by diathermy in 1930 and of malignant melanomata in 1934. The present monograph, while containing a lucid and interesting account of the origin, clinical appearances, pathology, and life-history of the more common intra-ocular tumours, summarizes the value of this method of treatment as practised at Utrecht. In general, surface diathermy (70 to 100 ma.) is advocated; perforating diathermy may lead to an outbreak of the tumour through the sclera (malignant melanoma, retinoblastoma) or haemorrhage (angiomatosis).