The new edition is larger by 26 pages and contains 69 more illustrations, while some of the figures in the former volume have been replaced.

The additions to the letterpress are chiefly in the chapter on cataract and in that on the orbit. The former contains a new section concerning intracapsular extraction of cataract by Smith's and Barraquer's methods, with illustrations depicting the steps of the operations. The author does not express any great enthusiasm for either method and says of intracapsular extraction generally, "C'est sans doute l'opération de demain, mais ce n'est pas celle à enseigner aux élèves."

The latter includes a new section on sphenoidal sinusitis and its treatment by Segura's method.

Minor additions and alterations are noticeable in other chapters, enhancing the value of the book and bringing it quite up to date.

In respect of printing both of letterpress and illustrations this edition maintains the reputation of its forerunner. The proof reader has been exceptionally vigilant.

CORRESPONDENCE

SYMPATHETIC OPHTHALMITIS

To the Editor of The British Journal of Ophthalmology

Sir,—I have read in the annual report of the Ophthalmological Society, an account of the discussion on sympathetic ophthalmitis. It is a matter of regret to me that for geographical reasons I was unable to be present. In the circumstances may I venture, however, to make some comments on that discussion.

I have, in the course of 35 years or thereabouts, seen over 60 cases of sympathetic ophthalmitis. I agree with most of the speakers that there has been a great decrease latterly, and in the last 10 years, I have seen only one case. During the Great War, in the Egyptian theatre of operations not a single case was brought under my notice.

Various theories are offered for this decline in the frequency of infection, most of which appear to me to be unsound. Early excision of the injured eye was practised even more frequently 30 years ago than to-day. At present some of the younger ophthalmologists scarcely regard sympathetic ophthalmitis as a possibility and venture risks which were not usually taken 30 years ago.
Many writers ascribe the diminution to better asepsis in the treatment of wounds of the eye. From my own experience, I do not think that the asepsis to-day is any more efficient than it was 30 years ago. Both then and now it was and is thoroughly applied in the hands of most practitioners. What then, is the cause of the decline, about the existence of which everyone is practically agreed?

Somewhere about 1906 when the Wassermann reaction was making its appearance I began to be suspicious that certain cases were not sympathetic ophthalmitis, but were syphilitic. When in 1910 the Government of Victoria instituted the National Investigation into the prevalence of syphilis, by the wholesale use of the Wassermann method, it became obvious that some of the cases of supposed sympathetic ophthalmitis were really cases of syphilitic kerato-iritis.

Certain wounds of the eyelids and cases of operation such as iridectomy did badly. The wounds became infiltrated and the eyes and tissues irritable, and many of these cases were found to give a positive Wassermann reaction. I submitted one case of injury to one eye with apparent sympathetic ophthalmitis in the other, to a number of colleagues, most of whom thought it was a genuine case, whereas the condition proved to be syphilitic and gave way to treatment.

Mr. Browning, in the discussion referred to gives a blood picture for syphilis, not unlike that of sympathetic ophthalmitis, and the question not unnaturally arises, what is the relation between the two diseases, particularly as the use of arsenical preparations seems favourably to influence the course of sympathetic ophthalmitis. At the same time I can hardly recollect a case of syphilitic iritis which has produced the intensely hard and rigid condition of the iris which is met with in cases of genuine sympathetic ophthalmitis, and consequently I still regard sympathetic ophthalmitis as a clinical entity.

Those who wish to appreciate the change—which has taken place should read the report of the late Marcus Gunn published in the Royal London Ophthalmic Hospital Reports, 1887, pages 78 and 273. I doubt whether such a report could be prepared anywhere to-day because of the lack of material.

Perhaps I may be permitted to summarise the matter, as it presents itself to me, by setting out the problem in categorical form.

1. There is general agreement that sympathetic ophthalmitis is much less frequent than formerly.
2. Neither early excision of the injured eye nor better asepsis can account for the diminution.
3. Some of the cases supposed to be sympathetic ophthalmitis were syphilitic.
4. The treatment of syphilis is far more efficient than formerly and syphilis is the only one of the venereal diseases which appears to be declining both in prevalence and infectivity.

5. The blood picture in syphilis and sympathetic ophthalmitis is similar.

6. Is it possible that a syphilitic background makes true sympathetic ophthalmitis more possible?

It should be noted with interest that in 1887, Marcus Gunn strongly urged the use of mercury in sympathetic ophthalmitis.

Yours truly,

JAMES W. BARRETT.

MELBOURNE,
June 16, 1927.

KERATITIS DUE TO MUMPS

To the Editor of The British Journal of Ophthalmology

SIR,—In the British Journal of Ophthalmology, Detroit, of Lille, quotes a case of the above. Some years ago I saw a similar case, and there was no doubt as to the cause, the patient having had a typical attack of mumps which he caught from his sister. When I first saw him his vision was reduced to hand movements at two feet, and the cornea was completely clouded all over, no fundus reflex could be obtained, and there was considerable circum-corneal injection. The appearance was that of an interstitial keratitis with grey streaks radiating all over the cornea. The iris was not involved. The treatment was simply atropine drops, 1 per cent., and in the course of about a week the whole cornea cleared, and vision became normal.

These cases must be rare, as I remember writing to Sir Arnold Lawson at the time to ask him if he had ever seen a similar case, and my recollection is that he said he had not, and very kindly looked up the literature for me, with the result that he could only find I think five cases quoted and those by a French oculist, whose name I have forgotten. It is possible that he may remember the facts. In view of the case mentioned, I thought mine might be of interest.

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