
Friedrich Horner died in 1886 at the age of 55. He thus lived through the tumultuous days of the fifties and sixties of the last century, when modern ophthalmology was born. No doubt he felt, as Wordsworth did on another occasion, that bliss it was in those days to have been alive, but to have been young was very heaven. He settled in Zürich in 1856 as "a maid of all work," as he himself explained, and was appointed to the chair in ophthalmology in 1862. In the subsequent 24 years he laid the basis for the distinguished position Swiss ophthalmology holds to-day. A loveable man and a distinguished oculist he was fortunate in his friends, counting most of the great figures of the ophthalmic world amongst them. He must have been a good correspondent, for though his own letters have been lost, 160 addressed to him have been collected and are published in the present volume. These letters covering the period from 1855 till 1886 contain invaluable correspondence from von Graefe, Donders, Bowman, von Helmholtz, Duke Carl Theodor, von Hippel, His, Krönlein, Snellen and others. Much more than any formal history do they convey the thrill of those years. Inevitably there is much that is of purely personal interest, but the personal affairs of giants are matters of public interest. An authentic note of the humility of a great man is struck by Donders in a letter accompanying a presentation copy of his newly published "On the anomalies of refraction and accommodation": "Il contient à peu près tout ce que j'ai fait dans les 5 dernières années, ce qui est bien peu de chose pour un si grand lapse de temps." Other letters are crowded with news from all parts of the continent of the strange doings that were going on in ophthalmic clinics, what with the ophthalmoscope, von Graefe's new fangled operations for glaucoma and linear extraction of cataract and with Lister's antisepsis. But the letters are equally important documents on the social history of ophthalmology, for the difficulties and struggles of ophthalmologists against the overbearing surgical departments which still regarded ophthalmology as part of their domains are frequent subjects of discussion.

The author has rendered a service by publishing these letters and we must join him in regretting that Horner's replies to his correspondence have been lost. The full correspondence would have been as charming as it would have been valuable.
Dr. Bader introduces the correspondence by an interesting essay of 82 pages on the development of ophthalmology during the 18th and 19th century. He stresses in particular the obstructionist attitude of the surgical clinics in the struggle of ophthalmology for independence during the first half of the nineteenth century. Some interesting sidelights on Swiss ophthalmic history are also brought out.

OCULAR CONDITIONS IN DIABETES MELLITUS

To the Editors of The British Journal of Ophthalmology.

Sirs,—I have read with great interest Dr. Gray’s paper on Ocular Conditions in Diabetes Mellitus and I hasten to congratulate him on the wealth of material, the minute and careful examination, and on the result achieved. As a fellow worker in the same field, may I be allowed to make some remarks?

In spite of the tremendous advance of the Insulin Era, the real aetiology of Diabetes Mellitus is, in my opinion, still unknown. One important factor is missing, that of the disturbance of cellular metabolism. As pointed out by Dr. Gray and many other writers, this disorder of cell metabolism would explain the fact that in many cases the retinal exudate is not accompanied ophthalmoscopically by degeneration of the retinal vessels. The predominance of capillary degeneration is sufficient to explain the peculiarities of diabetic exudates and haemorrhages. The same, or perhaps another missing factor, eventually produces, as a rule, an arterial hypertension. It is seldom as pronounced, or as advanced as in essential hyperpiesis and correspondingly the sclerosis of the retinal vessels is not so marked. In diabetes the sclerosis of retinal vessels is a phase intermediate between senile and hyperpietic changes. Neither Dr. Gray nor myself have yet seen diabetic retinitis in young persons or children.

I should like to make some criticism on the following three points in this important paper.

1. Historically, Marcus Gunn was the first to describe sclerotic retinal vessels and, although Dr. Gray follows Gunn’s enumeration of symptoms, he omits to mention a remark of the utmost importance: “That the loss of translucency is the first and earliest pathological change.” After Gunn, chronologically follows, not Foster Moore (much as I admire his work), but Køelmann and particularly Hertel.

2. Some mistakes, probably printer’s errors, have been made in the tables. All figures of retinal arterial pressure are printed in reverse order, i.e., diastolic instead of systolic pressure and vice versa.

3. It is rather a pity that in cases of changes in the peripheral