

## CORRESPONDENCE

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 ASCORBIC ACID IN THE TREATMENT OF  
 CORNEAL LESIONS
 

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*To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.*

DEAR SIRS—In the communication from us on the treatment of corneal lesions with ascorbic acid published in the June issue of the Journal we stated that the injections used were "Roche" concentrated vitamin "C" ampoules. Through an unfortunate oversight we omitted to say that in a number of cases, "Celin Forte" prepared by the Glaxo Laboratories, Ltd., was employed. With neither product was there any reaction, local or general, and the results obtained were strictly comparable.

We shall be glad if you will permit us to repair this omission.

Yours faithfully,

T. KEITH LYLE,  
*Wing Commander.*

D. W. MCLEAN,  
*Squadron-Leader, R.A.F.V.R.*

August 8, 1941.

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 HYPEREMESIS GRAVIDARUM
 

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*To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.*

DEAR SIRS,—I have read with much interest the paper of Mr. George Black in the September number of the Journal, since it throws further light on the subject of my own paper referred to in your Annotation in the same number.

As Mr. Black states, Campbell and Biggart have shown that Wernicke's syndrome may have many different antecedents, such as chronic alcoholic poisoning, gastric carcinoma, hyperemesis gravidarum, pernicious anaemia, chronic gastritis and others. Investigators have not yet discovered the etiological factor common to all these; but a consideration of the cases of hyperemesis gravidarum suggests that in this condition some form of pregnancy toxæmia causes the persistent vomiting, with loss or destruction of the available vitamin B<sub>1</sub>, leading in turn to the characteristic polyneuritis, retrobulbar optic neuritis and cerebral and ocular haemorrhage. A somewhat

similar explanation might apply to the cases of optic neuritis from persistent vomiting after operation, quoted by Wager and Weir. In this connection also it will be remembered that in some cases of retrobulbar neuritis from tobacco there is a history of chronic alcoholism with gastro-enteritis.

In most of the above mentioned conditions there is either persistent vomiting or a state of the gastro-intestinal tract which would favour the loss or destruction of the ingested vitamins. Which brings us back to the suggestion that Wernicke's syndrome may result from a deficiency of vitamin B<sub>1</sub>, combined with some form of toxin. The rapid and striking restoration of vision under vitamin B<sub>1</sub> treatment in Mr. Black's and other cases, strongly emphasises the importance of the vitamin factor in hyperemesis gravidarum, and it appears that this form of treatment may well revolutionise the prognosis in these cases.

I was particularly interested that Mr. Black was impressed with the unusual picture of the retinal haemorrhages without exudates, which I too was inclined to think characteristic of the fundus in advanced cases of hyperemesis gravidarum.

Incidentally, I might mention that Mrs. B., the patient described in my paper, who made a complete recovery after total blindness, was a victim of the air raid of March 14, in which she received severe injuries to the face and both eyes. She came under the care of my friend, Dr. W. J. B. Riddell, who found in her right eye intra-ocular haemorrhages, retinitis proliferans and traumatic cataract, while the left eye had a penetrating wound with prolapse of the iris. The right eye sees no more than "hand movements"; but the left eye, for the second time within twelve months, has recovered normal vision.

Yours faithfully,

A. J. BALLANTYNE.

11, SANDYFORD PLACE,  
GLASGOW, C.3  
*September 9, 1941.*

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## OBITUARY

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### JOHN JAMESON EVANS

THE death occurred on August 13, 1941, at Froneithyn, Aberdovey, of John Jameson Evans of Edgbaston, Birmingham. Born in 1871, his early education was at St. David's College School, Lampeter, and Queen Elizabeth's Grammar School, Carmarthen. When he