record of any real value. And some people would be rather shy of acknowledging that any of their ancestors had been addicted to an immoderate consumption of alcohol. But this is a digression.

The chapter on the social achievements and frustrations should be of real value to the public.

The book is well produced, paper, print and illustrations are all good and we only noticed a single misprint. As this struck us as rather an amusing one we hope that the author will pardon our noticing it. On page 145, what we think should have been "acholuric" jaundice appears as "alcoholic" jaundice. If we are wrong and the jaundice really is alcoholic we will beg pardon, but we note that it is given its more sober title in the index.

CORRESPONDENCE

OPHTHALMOLOGICAL "NOTES AND QUERIES."

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs.—The usefulness of your Journal could be greatly extended, in my opinion, by reserving a portion for "Queries and Answers" similar to that in the *British Medical Journal*. It would afford an opportunity for "the strong to help the weak" and make interesting reading for all of us.

In addition to this the recording of interesting cases in our everyday work should be encouraged. Such records, though brief, would be very valuable for future reference.

These two additions to your Journal would help to meet the justifiable plea made for more clinical articles by one of your readers a few months ago.

Yours faithfully,

FRANCIS E. PRESTON.

WOODTHORPE,
ST. MARY'S AVENUE,
WANSTEAD.
November 19, 1941.

THE CAUSATION OF "RETROBULBAR NEURITIS"

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs.—In a paper on Retrobulbar Neuritis and Peripheral Neuritis in the December number of the Journal the following

sentences occur on p. 560 :—" As regards retrobulbar neuritis, this is generally recognised to be due to both tobacco and alcohol. Traquair, however, states that in Britain tobacco is the only factor concerned in the aetiology and that alcohol merely depresses the health." It is evident that what the writer means by the term "retrobulbar neuritis" is the condition also known as chronic toxic amblyopia or tobacco amblyopia or tobacco-alcohol amblyopia. This interpretation may, however, not be obvious to anyone not familiar with the subject, and it might be thought that I had expressed the opinion that in Great Britain tobacco is the only cause of retrobulbar neuritis, which is what the statement means if taken literally. In order to avoid misunderstanding I would like to make it clear that I have never expressed any such opinion. In the reference given (*Edinburgh Medical Journal*, Vol. XLII, p. 153), the disease referred to is termed "Tobacco Amblyopia." The words "retrobulbar neuritis" do not occur in the paper and it is pointed out that there is no conclusive evidence that "Tobacco Amblyopia" is due to disease originating in the optic nerve. On the question of causation the opinion given, to which I adhere, is that in Great Britain alcohol plays no direct part in the production of the condition known as Tobacco Amblyopia. That "tobacco-alcohol" amblyopia may occur in other countries is mentioned.

Among the reasons for this view are the following :—In 1887 the question was studied by the Ophthalmological Society of the United Kingdom. The report was against any direct causative action of alcohol.

"No authenticated instance" (of amblyopia due to alcohol) was reported by the departmental committee on the causes and prevention of blindness, Ministry of Health, 1922.

Although there are many dipsomaniacs in institutions in this country no cases of amblyopia in this connection are reported.

In hospital practice, in which tobacco amblyopia is common, the patients do not come from the section of the population in which hard drinking by both sexes, often supported by cheap alcohol, is frequent. These people come to the medical and surgical out-patient departments and exhibit the clinical picture of chronic alcoholism; they do not come to the eye department complaining of impaired vision. If alcohol were an important factor toxic amblyopia would be much more common in women than it is. Tobacco amblyopes are frequently moderate or light drinkers and are often teetotallers.

No case, which exhibited the features of tobacco amblyopia, has been reported in a patient of either sex whether alcoholic or not who did not use tobacco.

There is no evidence to show that either ethyl or methyl alcohol, if pure, produces amblyopia. Where loss of vision has followed the

consumption of alcohol, it has been caused not by the alcohol itself but by the presence of toxic impurities such as are contained in wood spirit.

The clinical picture of tobacco amblyopia both as regards the changes in the field of vision and its general features is very uniform and characteristic. It differs in many respects from that of alcoholism. The patient's resistance is an important factor in determining both the onset of and the recovery from the amblyopia. A relative avitaminosis which itself may be due to alcoholism, may well be of influence in this connection in certain cases, and if the accessory factors are removed or corrected the amblyopia may be relieved even though tobacco is continued.

Yours truly,

H. M. TRAQUAIR.

16, MANOR PLACE, EDINBURGH, 3.

December 10, 1941.

NOTES

Death

AS we go to press we note with great regret the announcement of the death, on December 19, 1941, of Mr. Percy Flemming. We hope to include an obituary notice of him in our next number.

* * * *

Special Notice

WE are asked by the Ministry of Information to state that the fact that goods made of raw materials in short supply owing to war conditions are advertised in this journal should not be taken as an indication that they are necessarily available for export.