a "utility" standard may have been aimed at, the result has been to produce a volume which illustrates the true meaning of this word and not its modern connotation, when applied say, to a suit of clothes. Apart from the use of slightly thinner and smaller pages, there is no apparent difference between this edition and its predecessors, to which it forms a worthy successor.

It is a great tribute to the careful planning and writing of this book that although the first edition appeared fifteen years ago, the alterations which have had to be made to it since have been of a minor character. Practically everything which was said in 1927 remains true now. The main changes in the present edition are the incorporation of some new figures and references, and amplification of some of the passages. There are also some tables which were not included in the second edition. These provide a resumé of information given in the letterpress, and that on page 273, showing the relationships between visual field changes and intracranial lesions will be found useful, particularly by those who have to lecture to students.

We would take this opportunity of congratulating Dr. Traquair not only on the appearance of the fourth edition of this book, but also on the industry and prescience he has shown in having conceived and written what has become a classical treatise on a subject which he has made peculiarly his own.

CORRESPONDENCE

THE THEORY OF FOCAL SEPSIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—From time to time essays appear in which various ocular diseases are attributed to focal sepsis of some kind: With the exception of a comparatively few cases of tubercular iritis I have failed to note any scientific explanation of causation. Of course a septic focus should be eliminated and sometimes subsequently the ocular condition either disappears or is ameliorated. But when the facts are studied carefully the negatives are numerous.

Thousands of tonsils, not necessarily septic, have been removed and careful examination eliminated any advantage in most cases except with regard to diphtheria. Teeth have been removed wholesale and with what advantage? All that one asks is that proof should

be furnished of the causation of ocular diseases by this method. Bacon observed long ago—Men mark when they hit and fail to notice when they miss.

I am, etc.,

JAMES W. BARRETT.

MELBOURNE,
June 27, 1942

SYMPATHETIC OPHTHALMITIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—This paper was written before the War and was to have been read at a meeting of the Midland Ophthalmological Society. There was no time to read it and it was laid aside and forgotten. I have recently had another case of sympathetic ophthalmitis which must lead to some modification of the views that I have put forward regarding the time the inflammation may follow the removal of the exciting eye.

Mr. T. I., aged 69 years, a feeble, worn-looking man. His doctor writes that in his opinion he is completely worn out, and has been a heavy drinker, a puddler by trade. The cataract which has been under observation for five years shews none of the characteristics of a Ray-cataract. On February 11, 1942, the left lens was extracted at the West Bromwich Hospital by the combined method. The sclera was very hard and the eye rolled over, making it difficult to make the puncture. It was found impossible to express the lens even after the section had been enlarged on each side. An attempt was made to do a vectis extraction, but the lens broke up and was removed piece-meal. The eye reacted violently with injection and corneal oedema. A course of N.A.B. was instituted. A week later the injection was less, and the iris glossy. There was no "K.P." There was much cortex in the anterior chamber. The right eye was absolutely free from any inflammation. March 12, a month after the extraction. Still no "K.P.", considerable injection, no "K.P." Some haemorrhages on the surface of the iris. No pain no tenderness. The eye feels slightly soft. March 20. Definite improvement. Less injection; tension normal; pupil occluded; not tender. Two of my colleagues at the Birmingham Eye Hospital considered that the eye was safe to leave. On April 10, two months after the extraction I decided that whereas the eye would probably never be of any use it was wise to remove it, and this was done at