

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

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### SYMPATHETIC OPHTHALMITIS

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*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

once. On June 4, two months after the excision the right eye was free from any sign of inflammation. There was a mature cataract. Examination with slit-lamp.

On July 23, four months after the removal of the left eye the patient came to the hospital and said that his eye had been red and painful for a week. It was injected, and the pupil was small. There was some plastic material smeared on the back of the cornea. I gave him an injection of T.A.B. as a preparative to a course of M. and B. The reaction was slight. On August 6 the pupil had fully dilated with atropine, and there were only a few fine thread-like synechiae. There was still some plastic "K.P.," the iris was muddy, and the cornea steamy. August 27. No "K.P.," and only slight injection. He has had a course of N.A.B. and is much better. The M. and B. seemed to have no action on the inflammation. September 11. Some diffuse paste-like "K.P.," slight c.c. injection. November 12. Severe pain, eye hard, and tender. Excision advised.

Here we have an inflammation almost certainly of the sympathetic type following the removal of the exciting eye after an interval of nearly four months. The socket is a good one and there is no trace of any retained uveal tissue. The eye was removed with a long bit of the optic nerve. There is no doubt that three weeks before the onset of the inflammation the eye showed no clinical signs of inflammation.

I am, etc.,

T. HARRISON BUTLER.

BIRMINGHAM,

November 18, 1942.

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## UNUSUAL CASES OF CONJUNCTIVITIS

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

DEAR SIRS,—According to the wish expressed by Major E. F. King, R.A.M.C., in his article "Four unusual cases of conjunctivitis" (*Brit. Jl. Ophthalm.*, Vol. XXVI, p. 467), I beg to inform you that I treated numerous cases similar to those described by the author among soldiers of the Russian Army during the last war.

The cases I am referring to were inflammations and ulcers of conjunctiva of lower fornix brought about artificially by the cauterising proceeding of chemical or thermal agencies, this has been done in order to avoid military service. Such cases were, of course unknown in Britain at the time when military service was voluntary. On the Continent, on the other hand, where military service has been compulsory, we had frequently the opportunity of noting cases