months or years has been reported.\textsuperscript{1-5} Its existence in this patient was confirmed by the results of treatment.

The diagnosis was made when the patient was 28, \textit{i.e.}, 8 years after the retro-bulbar neuritis. Had it been made at 20, when the disease was still localised, it seems clear that there need have been no arthritis and no iritis.

The early recognition of sinusitis at this stage thus gives to the ophthalmologist a rôle in the prevention as well as the cure of disease which the absence of nasal signs and symptoms denies to the rhinologist. It gives also to retro-bulbar neuritis a diagnostic significance in the aetiology of later disease.

**Summary**

A five weeks iritis promptly cleared and an acute rheumatoid arthritis which had steadily advanced for five years, was brought to a standstill in three weeks by drainage of the para-nasal sinuses.

The absence of nasal signs and symptoms had prevented earlier recognition of the sinus disease, and the case thus shows the need for other methods of diagnosing \textit{closed} sinusitis than those in ordinary use. One such means is provided by the fields of vision.

The earlier retro-bulbar neuritis, when the sinus disease was causing mainly local symptoms, was a danger signal. Recognition of this signal in other cases, will give to the ophthalmologist a rôle in the prevention as well as in the cure of disease, and to retro-bulbar neuritis a diagnostic significance in the aetiology of other diseases.

**REFERENCES**

1. \textsc{van der Hoeve.}—\textit{Arch. of Ophthalm.}, p. 214, 1922.

**ANNOTATION**

Ophthalmological Notes and Queries

A letter from Mr. Francis E. Preston under the above heading was published in our January Number (p. 42). The question of reserving a portion of the Journal for short case reports has been discussed by the Editorial Committee on more than one occasion.
during the past few years, and it has usually been considered that
the possible advantages may be outweighed by the possible draw-
backs. While it is a comparatively easy matter, in a spasm of
enthusiasm, to set such a venture going, it often happens that after
a few issues the scheme dies of inanition. In fact we should say
that new schemes of this kind were peculiarly liable to sudden death.
So far we have judged it best to go on as we have done in the past,
publishing short case reports among the original communications.
The present time, with its scarcity of paper, is hardly a suitable
one in which to lock up even a few pages in this way. Short queries
can easily find a home among the "notes" and if any are sent to
us we shall be glad to consider their publication; but we should
prefer not to have to turn ourselves into a sort of ophthalmological
brains-trust, at any rate at present.

In less responsible publications such a question and answer
scheme can be made most amusing. We call to mind a short
article in a hospital gazette nearly forty years ago in which
the extremely versatile editor propounded a scheme of this sort
on payment of a small fee. He went on to say that his
advertisement of the scheme produced only a single question.
This was "how can I prevent my hair from falling out? signed,
Alopecia Areata Biggs." This query he professed to have sub-
mitted to certain members of the honorary staff and in their
replies burlesqued the foibles of each in lectures and demonstra-
tions. Mr. Sheild's impressive speech on the difficulties of
treating such cases in private practice was an excellent piece
of mimicry, and Sir Humphry (then Dr.) Rolleston's encyclopaedic
knowledge of the literature was fully worked out. One of the
surgeons attributed a recurrence of baldness in one of his patients
to the fact that the case had been treated by his house surgeon,
a favourite device of his; and Mr. Frost's explosive utterance was
caricatured in the following sentence: "horse exercise and eye out-
patients; I have not lost a hair for years." To appreciate this
it must be stated that Mr. Frost had been almost completely bald
since he was a house-surgeon.

We tremble to think that the sober pages of the British Journal
of Ophthalmology should be made the vehicle for caricaturing the
leaders of our branch of the profession in this way. It might be
made amusing, but the present writer certainly has not sufficient
versatility to achieve it, nor would the Editorial Committee sanction
it.