"Knitting Nancy" (cotton reel knitting).
 Peggity, or a similar game.
 Sewing canvas.
 Rawlplugs and screws.
 Hammering nails.
 Carpentry or other hand work.
 Ping-pong.

Treatment is given daily, and the patients are purposely not taught things ordinarily done by the blind.

It has been found that the above treatment provides a stimulating and interesting mixture of work and play. It necessitates a slightly longer stay in Hospital, say ten days to a fortnight in all. But the patients go out in a much better frame of mind.

IRIDO-CYCLITIS AND CHOROIDITIS DUE TO "SILENT" SINUSITIS

BY

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THE aetiology of irido-cyclitis and choroiditis is admittedly baffling and our views correspondingly speculative.

The following five cases are reported because they show :—

A. (Cases 1 and 2) that the cause may be extremely elusive, even with every advantage for expert diagnosis during many years.

B. (Cases 3 to 5) that recognition of a focus of infection in the sinuses, even when there is no other evidence of its existence, may lead to prompt and permanent cure.

CASE 1.—A woman aged 42 years, had her first attack of iritis in the left eye at 12. By 18 she had lost the sight of that eye. The right eye became affected at 24. When first seen in 1935, there were extensive areas of choroidal atrophy in both fundi, with posterior synechiae in the right eye, vision in which was 2/18. Attacks of pain had continued to recur and she had been in regular attendance at one of the London Teaching Hospitals during the 30 years, passing successively under the care of three ophthalmic surgeons and four physicians. None of the many kinds of investigations and treatment tried had been of any avail either in determining the cause or checking the recurrences.

CASE 2'.—A man aged 49 years, first seen in 1920. He remained under observation for 16 years, during which a central choroiditis spread from a few small lesions to extensive areas of choroidal

atrophy in both eyes, leaving him with only narrow peripheral fields of vision. In spite of the most thorough investigations by recognised authorities, no cause was ever found.

In the next three cases, I was able to put into practice that which I had later learned, *viz.*, that there may be a focus of infection in the para-nasal sinuses, giving no sign of its existence save in its remote toxic effects.

CASE 3².—A woman aged 39 years, first seen in 1930, had suffered from irido-cyclitis and choroiditis for seven years. Intensive search by recognised experts had been unable to establish the aetiology. Tonsillectomy and resection of the septum had failed to prevent recurrence. Intra-nasal medication led to purulent discharge and during the next 11 years there was one recurrence of iritis, promptly overcome by the same means.

CASE 4³.—A girl aged 18 years, first seen in 1934, with central choroiditis, first in one eye, reducing vision to $< 6/60$, and three days later in the other. Every investigation proved negative, but intra-nasal medication was begun on the fourth day. Improvement was immediate, and in less than a month vision was again 6/6 in both eyes, with only some pigment, marking the site, in each fovea. Seven years later I heard from a relative that she had passed through college and had had no further trouble with her eyes.

CASE 5.—A woman aged 25 years had had a severe attack of iritis five years before, and was recovering from a second, for both of which she had been under the care of a well-known ophthalmic surgeon, who had told her it might be due to her teeth or her catarrh. When dental sepsis had been excluded and no suggestions about the catarrh were forthcoming, she became apprehensive of further attacks. Intra-nasal medication not only led to complete recovery from the iritis but to great improvement in her general health. She felt that the five years between her two attacks were lost from her life, since she had "felt like nothing on earth," "avoided outings for fear of being sick" and was afraid to go out alone because of "terrible feelings."—The nasal treatment promptly did away with these unpleasantnesses, which had evidently been also due to the sepsis in the sinuses, and eighteen months later, she won the singles cup at tennis. There had been no relapse when last heard from, three-years later.

Comments

The elusive aetiology of uveitis is matched by the singular elusiveness of sinus disease.

Mr. James Harper⁴ of Glasgow has recently reminded us of the latter. He states that negative clinical, X-Ray, transillumination

and even proof-puncture findings do not exclude infection in the sinuses, and pays tribute to the work of Sir William Wilcox and of Watson Williams on latent sinusitis.

In cases 3, 4 and 5, intra-nasal medication was sufficient without operation, thus avoiding the danger of post-operative exacerbation.

Case 4 indicates that it is inadvisable to wait for full investigation before attacking the sinuses. Delay in this case might have resulted in irreparable damage to the over-lying central-retinal tissues.

Case 5 raises the question of responsibility. Should the search for a cause be left to the general practitioner? My own view is that it is only the ophthalmic surgeon who possesses the necessary experience and knowledge of its urgency to direct the search to a conclusion. To treat the eye alone is to leave the more important half of his work undone, and was responsible in this case for the five years of ill-health and the recurrence of the iritis.

Conclusion

If all investigations prove negative in a case of uveitis, latent sinusitis should be suspected and treated.

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ANNOTATION

Squint in Families

Every ophthalmic surgeon knows the story of the retort made by a London guttersnipe to an old gentleman possessed of a marked squint when they collided in the street. "Why the deuce don't you look where you're going to?" grumbled the old gentleman. And, "Why don't you go where you're looking to?" retorted the precocious infant.

This has nothing to do with the familial aspects of strabismus but may serve to introduce some reflections on the subject drawn from the pedigree of a family well known to the writer. The only cases of squint in this family known to us are two in number. The later example occurred in a male who was born in 1791; the earlier specimen was in a collateral ancestor of his and may have come down to him from his great grandfather on the maternal side who was born in 1662. There is no question that