

came to the conclusion that the clinical nature of the inflammation was that of sympathetic cyclitis. I should like to think that Mr. Neame is right and that I was not to blame for retaining the exciting eye too long. I regret that as far as I can ascertain the exciting eye was not examined histologically. We have no pathological department at The West Bromwich Hospital, and send our eyes to The Birmingham Eye Hospital. I froze this eye and bisected it. It was obvious that the lens had been incompletely removed, but I noticed no thickening of the choroid or any other appearance to suggest that the inflammation was not of the ordinary type. The specimen ought to have gone to Birmingham for examination, but apparently was never sent there. My only excuse is that I am quite single-handed in my work at this Hospital, and often have to work under high pressure. Again thanking Mr. Neame for his helpful and comforting suggestions.

I am, Sirs,

Yours faithfully,

T. HARRISON BUTLER.

HAMPTON-IN-ARDEN,
WARWICKSHIRE.

OPTIC NERVE INVOLVEMENT IN HEAD INJURIES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—With regard to Mr. F. C. Rodger's interesting paper in your January number, on "Unilateral Involvement of the Optic Nerve in Head Injuries," he mentions that the subsequent narrowing of the arteries on and pallor of the disc, and the degeneration of the nerve fibres *below* the injury, are not understood.

May I suggest as a possible cause in some cases, an interference with the vascular supply of the disc and the ganglion nerve-fibre layer of the retina, due to involvement of the ophthalmic artery or its first branch, the central artery of the retina, in the injury to the canal.

Yours truly,

ROSA FORD.

88, HARLEY STREET, W.1
April 17, 1943.