BOOK NOTICE

Transactions of the Ophthalmological Society of Australia.
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1942. Price, 7s. 6d.

At the Annual Meeting of the Ophthalmological Society of Australia in 1941, twenty-five papers were read by members. Ten of these related to the visual function of members of the armed forces. All of the papers are of considerable interest to ophthalmic surgeons.

A. F. MACCALLAN.

CORRESPONDENCE

SYMPATHETIC OPHTHALMITIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—Mr. T. Harrison Butler's paper on sympathetic ophthalmitis is very interesting and informative.

In the course of a long practice I have seen quite a number of cases, but not so frequently now as formerly. I have never seen a case in which the injured eye has not been perforated. Unlike Mr. Butler I have never seen a case develop after the excision of the injured eye, at all events for forty-eight hours, nor have I seen a case which developed within fourteen days of the injury. Furthermore, cases developing long afterwards have never come my way. I believe a case was reported after seven days. I have attributed its diminution in frequency to the general adoption of a rigid rule, *viz.*, to excise any eye which has been perforated so soon that it is obvious there can be no useful sight, a procedure sometimes difficult for many human reasons.

I have seen several cases develop after unsuccessful cataract extraction in which the oculist, being a human being, has held on too long hoping for improvement. Here there was no question of sepsis.

A case comes to my memory in which I called in the whole staff of the Eye and Ear Hospital to advise respecting the removal or retention of an injured eye. They were equally divided in opinion and the final result was sympathetic and the loss of both eyes.

I have been through the literature on the subject which is indeed voluminous and such cases as that recorded by Mr. Butler of sympathetic after excision are very rare indeed.

In the Royal Victorian Institute for the blind it figures in very small numbers insignificant as compared with myopia and optic atrophy, etc.

I conclude by quoting Mr. Lawson, who, when I was an Assistant at Moorfields said "If a son of mine got a severe injury to his eye I should pray God that the injury was great enough to hit the issue beyond doubt."

It is a tragedy that with the most capable investigators at work no one can even make an accurate guess at the cause of this fortunately rare tragedy, at all events now-a-days.

It is much like the advice given by Dr. Kellaway regarding snake bite, *i.e.*, "don't get bitten." We can do something for our Tiger Snake and Black Snake, but the Brown Snake and the Adder are very deadly.

I have in mind a fine young man who recently received an injury with a piece of metal which penetrated the lens and lodged in the vitreous. The risk was put to him and the delays which treatment would involve. He acted decisively when he understood and said "remove the eye at once." But everyone is not so clear headed.

I am, etc.,

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April 12, 1943.

SULPHONAMIDES IN EXPERIMENTAL OCULAR INFECTIONS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—The paper in the *Brit. Jl. Ophthalm.*, for June, 1943, by Klein and Sorsby raises certain questions of general interest regarding sulphonamide therapy. In considering the problem of the local and general use of these drugs certain important facts concerning their mode of action should be kept in mind. Up to recent times it has been necessary to regard treatment of infective conditions in terms of antiseptics, such as silver nitrate or argyrol, substances which cannot be given systemically, and general treatment in terms of such drugs as organic arsenicals or salicylates, which have no value as local applications. The discovery of the sulphonamides has made available drugs which produce their effect whatever the method of administration, provided that a suitable concentration be produced at the site of the lesion. General