

In the cases of deep keratitis and nodular scleritis in which it was tried, its resolvent and analgesic effects were remarkable.

In two cases of sarcoidosis its effect seemed identical with, or slightly superior to, that of corticosteroids.

In cases with active inflammatory exudates in the vitreous the rate of absorption seemed more rapid than one would normally expect, but in post-haemorrhagic cases, or where exudation was already organized, no improvement took place.

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ADDENDUM

Since the paper was written, 23 further cases of uveitis, scleritis, and deep keratitis have been treated with Tanderil over periods varying from 1 month to 4 months, without appreciable side-effects, and with disappearance of inflammatory manifestations in all of them.

In three cases of herpes ophthalmicus no effect in controlling herpetic pain was found, but in two of these with raised scleral nodules and keratitis, marked improvement was manifest in 3 to 4 days with the usual dose of 100 mg. three times a day. When treatment was stopped after 2 weeks, recrudescence of the condition occurred and treatment had to be recommenced. There was, once again, rapid improvement, and both patients were kept on 300 mg., daily for a further 6 weeks, after which no further relapse took place.

This tendency to relapse on cessation of treatment, similar to one's experience with the systemic administration of cortisone was noted in eight cases in the new series.

In view of the fact that patients with ankylosing spondylitis provided a large proportion of the cases with positive findings reported by Perkins (1958) from the Uveitis Clinic at the Institute of Ophthalmology, it is interesting to study the paper of Graham (1960), who reported 353 patients with varying rheumatic conditions treated with Tanderil. Graham found that in ankylosing spondylitis there was a 90 per cent. response to treatment, and that in 250 complete blood studies carried out at intervals during treatment there was no evidence of any toxic effects on blood or marrow.