“KERATOCONUS”

To the Editor of The British Journal of Ophthalmology

SIR,—With reference to the abstract (on p. 545 of the last volume), “Diseases of Cornea: Wolz, Otto, on the question of the inheritability of keratoconus,” the following may prove of interest. I quote from the memory of notes made in 1923, which are not available at the moment of writing this. Incidentally during an examination I found peculiarities in the nerve fibres of a young woman, which were suggestive of those often seen in cases of keratoconus. When I was examining her she chanced to say that some 30 years or more ago her mother had had operations on both eyes in Moorfields Hospital. I traced the notes on her mother in Moorfields Hospital. The operations were cauterizations for keratoconus, performed by Sir John Tweedy.

LONDON, W.
November 5, 1924.

Yours truly,

BASIL GRAVES.

MEDICAL TREATMENT OF CATARACT

To the Editor of The British Journal of Ophthalmology

SIR,—I was very interested to read Mr. George Young’s notes on Absorption of Cataract in the October (1924) Journal. I have seen a number of such cases and two particularly stand out distinctly in my mind.

1) Mrs. K., aged 54 years, the wife of a Middlesbrough doctor, consulted me in July, 1920. I had seen her several times before about her glasses. She now said her sight was much worse. Her vision was reduced to 6/9ths (partly) and could not be improved. On careful examination with the ophthalmoscope her lenses showed quite well-marked striae coming in from the periphery, with scattered small opacities through the centre. I did not wish to give her cause for anxiety and expressed no opinion. I made some alteration in her spectacles and asked her to return and see me later. She came back in about twelve months and I found her lenses absolutely clear and with normal vision. I then said to her: “I was very concerned about you last time; I thought you were in for cataract; you are now quite well.” She replied: “I thought in my own mind I was in for cataract.” She expressed herself as being in much better health.

2) Mrs. R., aged 50 years, residing at Redcar, Yorks. I have attended off and on for the past ten or twelve years for mild attacks of irido-choroiditis. About two years ago she had an attack more severe than usual. When I examined her I found there was much more exudation than usual into the vitreous. The
lenses were milky-looking, and there were very definite sectors of opacity running in from the periphery, as well as minute dark points towards the centre. I am sure I was not mistaking opacities in the vitreous for opacities in the lens. I gave rather a bad prognosis to her doctor, but hoped they would clear up, as I knew opacities in the lenses did clear away sometimes. I saw her 12 months later, and much to my surprise and pleasure her eyes to all appearances were quite well. She had had no treatment except atropin and the use of dark glasses. Certain remedies had been advised, but the patient always declined to take medicines. I have again seen her just recently, and she again has a mild attack of irido-choroiditis in the left eye.

I have once seen a mature senile cataract in a man of 76 years clear up entirely. This was in a patient I saw for over 20 years, and is one of those very exceptional cases we sometimes come across.

Yours faithfully,

G. VICTOR MILLER.

CLASSIFICATION OF DISEASES OF THE CHOROID

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIR,—Mr. Batten’s criticism of my paper and defence of his own position appears to me to be mainly concerned with drawing distinctions between the clinician and the pathologist, a point which I have never made in my paper; indeed I think a less partial reader would have interpreted my meaning in exactly the opposite sense.

But in order to support his own view, he has fallen into the grave error, quite unintentionally I feel sure, of misquoting me in at least one place, while in others he has interpreted my remarks in such a way as to place me in a false position, and from this standpoint has attacked my general conclusions.

In the first place he pays me the high compliment of including me amongst the pathologists, a claim which I have never made for myself. I can only recall one very small contribution to the pathology of the eye that I have ever made and which is of not much importance, and it would be the height of bad taste to allude to the brilliant advances in pathological knowledge in the last 20 years, if I had had any hand in these advances myself; and yet Mr. Batten assumes that I have taken up this position.

Again he quotes me as stating that a classification of diseases of the choroid based on ophthalmoscopic examination is a relic of the past, and proceeds to accuse me of ingratitude, and leaves it to be assumed that I attach relatively little importance to the use of the ophthalmoscope. What I actually said was, that...