cussing the paper of Erickson referred to, "A severe iritis which was present . . . disappeared almost entirely and did not return . . . ."

The report to which it is desired to call attention is a brief one by Koff and associates on the effects of subconjunctival injections of cortisone in iritis. For the technique and other details the original article should be read.

Of nine cases of the acute or acute recurrent condition, eight showed remarkable and rapid improvement. In two cases with bilateral iritis in which only one of the eyes was treated, the condition in the untreated eye of one case remained stationary and in the other it became worse, while the treated eyes of both patients improved rapidly. Six cases of chronic granulomatous uveitis were similarly treated. They had previously been treated with ACTH in adequate dosage for 6 to 10 weeks; three of them had not responded, and the condition in the three that had responded had recrudesced within a few days after cessation of the treatment. Subconjunctival injections of cortisone arrested the inflammation in the hormone-responsive group, only, although reinjections at intervals of one to three weeks have been necessary to maintain remission.

The subconjunctival deposit of cortisone disappears gradually without leaving a visible trace. A point of interest is that decrease of hyperemia (pallor) first appears over and around the cortisone deposit and then spreads outward. There are advantages over systemic administration in that it is inexpensive because of the small amounts of the drug used; there is a depository effect, and the deposit persists for several days and seems to remain active during that time; when reinjection is necessary to obtain effect it is made only after 48 or 72 hours; and there are no systemic side-effects and neither hospitalization nor laboratory follow-up is required. It is emphasized that this treatment does not cure the iritis, but it does change the process from one of an acute increasing inflammation to a low grade, easily controlled, subsiding one.

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THE JOURNAL'S ABSTRACTS

In its intended function, the Current Literature department of THE JOURNAL is regarded as second to no other in importance in keeping its readers informed of conditions and activities throughout the world, and in serving as a repository of such information for future reference. The

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task is not an easy one, and in actual performance that department has not always been what it is intended to be.

At the beginning of this year there was inaugurated a system which has proved decidedly useful in obtaining abstracts. Periodically, as information of published articles is obtained, from whatever source, cards requesting abstracts are sent to the Contributing Editors concerned. The response, with few exceptions, has been excellent.

Not all is simple, of course. It has to be decided, for example, what items seem definitely not worth the attention of an abstract, what ones represent duplicate publication to avoid duplicate attention, and what ones call for special attention. Contributing Editors are expected to exercise judgment with respect to what titles are not worth abstracting—e.g., individual case reports, or case presentations before dermatological societies which contain nothing new or instructive—but that selection is not always applied.

As of present writing, the more recent literature has been dealt with more thoroughly than at any time since before the war. To do that it has been necessary to supplement the material supplied by our Contributing Editors with some obtained otherwise or made ourselves. The total number of abstracts published in this present volume is 255, of which 104 (41%) have been supplied by Contributing Editors or the authors of the articles themselves, 48 (19%) have been taken from other periodicals, 63 (25%) have been adapted from authors' summaries, and 40 (16%) have been made by ourselves.

—H. W. W.