

7 CORTISONE INJECTIONS FOR IRITIS

TO THE EDITOR:

In reply to your request for further information about our experience with subconjunctival injections of cortisone in the treatment of iritis, to which you called attention in a recent editorial note [THE JOURNAL 19 (1951) 471-472], the following answers your specific questions:

(1) The cortisone deposit remains visible for from 7 to 21 days at the most, depending on how much is deposited.

(2) The deposit does not spread over a larger area than is occupied immediately after the injection.

(3) Pallor (decrease of hyperemia) develops in 24 to 72 hours.

(4) The spread of the pallor outward from the immediate injection area is a matter of hours.

(5) The local depository effect seems to us to persist for much longer than 48 to 72 hours, probably for as long as the deposit is visible. However, we give the second injection, when indicated, because we feel that the cortisone does not reach the anterior chamber in sufficient concentration to affect the iritis in some of the severe cases.

One of the last issues of the *British Journal of Ophthalmology* contained a symposium on about 600 cases treated with ACTH and cortisone in England. In this article Duke-Elder states that, in their experience, the subconjunctival method is the method of choice in dealing with inflammations of the anterior segment, particularly iritis.

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