Correspondence

Correspondents are asked to be brief.

Cataracts

SIR,—Mr. P. D. Trevor-Roper's stylish and erudite description of cataract and its treatment (4 July, p. 33) ends with a paragraph of gloom.

It is true that the hopes of the patient for a successful visual outcome are not always fulfilled, but if good vision is present spectacle lenses are not the best means of optical correction. The author states vividly the queer visual world of the patient wearing spectacles. He has decided that it is the psyche that determines whether the individual eventually lives happily in this optically induced abnormal state.

In the article contact lenses as a means of optical correction are mentioned only as an aid to re-establishing binocular single vision in unilateral aphakia. I think that the general reader should also know that modern contact lenses are worn by many senile bilateral aphakics, with full restoration of field of vision. They obtain almost normal size of image and sometimes even the ability to see near detail as well as distance. Furthermore, the senile aphakic cornea is less sensitive than the young normal eye and well able to tolerate a contact lens throughout the waking hours.

The management of such appliances may well fail owing to problems of the psyche. The alternative correction in the form of spectacles produces an optical cripple. Because of the restriction of field of vision and lateral scotomata present with most spherical forms of spectacle lenses (aspherical lenses give larger fields of vision and less aberration), I am doubtful whether aphakics wearing spectacles are safe driving on fast motorways or in traffic congested zones. Aphakics with good corrected vision should, therefore, be given the opportunity to attempt contact lens wear.—I am, etc.,

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Rheumatoid Liver?

SIR,—Dr. F. Dudley Hart in both his Philip Ellman (19 July, 1969, p. 131) and Stanley Davidson (27 June, p. 747) lectures has drawn attention to the extra-articular manifestations of rheumatoid arthritis. We have recently investigated the incidence of biochemical abnormalities in 100 unselected rheumatoid patients and compared them with 100 matched controls. The frequency of abnormal results in the rheumatoid group was surprising and reflected the widespread nature of the disease.

A serum uric acid over 6 mg./100 ml. occurred in 18 patients. This, which could easily lead to an erroneous diagnosis of gout, indicated renal impairment, the uric acid correlating with urea and creatinine. Other causes are aspirin in small doses and possibly rapid tissue breakdown.[1] Changes in proteins are well known, and we found a raised globulin in 44 patients. That the serum albumin may be low and cause oedema is less well appreciated; levels below 3·3 g./100 ml. occurred in 25 patients. Hypocalcaemia, 20 patients having values of less than 9 mg./100 ml., was secondary to the low serum albumin and not owing to metabolic bone disease.

A low serum iron was the commonest abnormality, occurring in 68 patients. This was expected, for changes in iron metabolism accompany inflammation from any cause; we found that lower values tended to occur in more active cases with a high E.S.R. In addition, a low serum iron may result from occult bleeding due to drug therapy. Paradoxically, the value of estimating serum iron was greatest when it was normal, for then other biochemical tests were likely to be normal.

An unexpected finding was a raised alkaline phosphatase in 26 patients, which was often associated with a raised 5-nucleotidase. This suggested liver disease.[2] Furthermore, Langness[3] found abnormal B.S.P. retention and microscopical evidence of liver disease in many of his cases, and recently hepatic dysfunction has been demonstrated in Felty's syndrome (17 January, p. 131). We believe that there is an entity—"Rheumatoid liver."—We are, etc.,

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REFERENCES

1 Dixon, A. St. J., *Progress in Clinical Rheumatology*, p. 264. London, Churchill, 1965
2 Kendall, M. J., Cockel, R., Becker, J., Hawkins, C. F. *Annals of the Rheumatic Diseases*, 1970, in press.
3 Langness, U., *Zeitschrift für Rheumaforschung*, 1969, **28**, 152.

Syncope on Pelvic Examination

SIR,—Syncope following pelvic examination (11 July, p. 61) also occurs in women. Fortunately the syndrome is rare in normal practice, but it not infrequently accompanies the insertion of an intrauterine device. Pregnant women appear to be particularly susceptible, and maternal death has been reported following routine rectal examination during normal labour. Severe bradycardia may follow attempts to procure abortion (even by intra-amniotic saline injection). In the presence of abruptio placentae passing a finger or an instrument through the cervix can result in a gross bradycardia, increased hypotension, or even cardiac arrest.

This complication is likely to be the result of vagal overaction. Clinically it can be prevented or reversed by the administration of atropine intravenously. Awareness of the beneficial effects of this drug in these circumstances may save an occasional life. More often it can lead to the rapid alleviation of a patient's distress.—I am, etc.,

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