

model of ocular inflammation. In the case described, the patient was commenced on topical timolol in order to treat the secondary glaucoma; however, this had no effect on the inflammatory process. It is possible that that oral metoprolol was effective because it had a higher bioavailability within the posterior segment, as well as anteriorly. It was thus effective in suppressing ocular inflammation through the mechanisms described above.

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Sir,
Metoprolol responding uveitis: reply

We thank Dr Masood for his useful comments. The mechanism he suggested is tempting, however, it is speculative. It should be emphasized that at the time the patient received metoprolol tartrate he was no longer on timolol. Both beta₁- and beta₂-adrenergic receptors have been identified in the human iris and ciliary body.¹ Activation of beta₂ receptors increases the formation of cyclic adenosine monophosphate and stimulation of Na⁺, K⁺, Cl⁻ cotransport in the foetal nonpigmented ciliary epithelium.² Metoprolol may as well have an indirect effect on the Na–K pump via adrenergic receptors. This may either result in changes in aqueous production or in concentration of inflammatory mediators in the anterior segment and explains its clinical effect in the specific individual with type A personality. It should be clinically determined if metoprolol has a similar effect on different individuals and in which dosage. The drug may have different

activities in different concentrations. The molecular mechanism of metoprolol effect should be evaluated also in cell cultures. Our study is intended to provoke research in these directions.

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Sir,
Reversible night blindness in a patient with neuroendocrine tumour of pancreas

Nutritional vitamin A deficiency is a common cause of blindness in developing countries. Around 2.8 million preschool children are affected with vitamin A deficiency in over 60 countries and subclinical vitamin A deficiency is considered a problem for at least 251 million people.¹ However, in Western world it is very rare. Most cases of vitamin A deficiency in developed countries are caused by malabsorption secondary to intestinal disorder or defective storage and metabolism due to liver disease.² We report a case of night blindness secondary to vitamin A deficiency in a patient with neuroendocrine tumour of pancreas.

Case report

A 79-year-old lady presented to the eye clinic with a 4-week history of poor vision in dimly illuminated