I have the delight of what these days is called a portfolio career; I teach veterinary ophthalmology at the Department of Veterinary Medicine in the University of Cambridge, which includes running the ophthalmology clinic in the Queen’s Veterinary Hospital in the Veterinary School. In addition, I teach pathology to the veterinary and medical students at St. John’s College in Cambridge, which is just about to celebrate the 500th anniversary of its founding! This double life, from an academic perspective at least, allows me to immerse myself in a special passion of mine: inflammatory disease of the eye. I have the delight of seeing, for half of my working week, clinical cases of uveitis, keratitis, keratoconjunctivitis sicca, and occasionally extra-ocular myositis at the vet school. For the rest of the time, I teach the intricacies of the immune system and its consequences, protective and pathologic, to undergraduates. I sincerely hope that this issue will allow you to enjoy that interaction of the basic sciences of inflammatory disease and the clinical features of its consequences in the eye.

The eye has a special place in immunology and inflammatory disease. Its function is, quite obviously, to see. And yet, the results of inflammation all too often preclude vision, whether it is corneal opacification engendered by keratitis or keratoconjunctivitis sicca, the blinding consequences of severe uveitis, or the damage caused by retinitis or optic neuritis of whatever cause. The eye always sits on an immunological knife-edge of wanting to destroy invading organisms through a protective inflammatory response, but it also aims to minimize this reaction in order to preserve vision. Drs. Gilger and Biros describe this situation with the immunology of the ocular surface and anterior segment, respectively, in exemplary fashion. Whereas they describe the ways in which the eye occupies an immune-privileged position, the rest of the contributors...
deal with the clinical situations where down-regulation of the ocular immune system fails and leads to ocular pathology.

One of my constant aggravations is the extent to which veterinary science lags behind its medical and basic science cousins. All too often, the basic tools that are used to investigate the immune system (be they monoclonal antibodies, nucleic acid primers or microarrays) just are not available to veterinary scientists to the same extent as medical researchers or rodent biologists. Therefore, just to use one example, we have difficulties in evaluating the lymphocytic populations infiltrating the lacrimal gland in a way that the clinicians for human patients or the basic scientists working on rodent models simply do not.

For that reason I have asked the authors in this issue to seek links between the veterinary, medical, and basic science perspectives of the diseases on which they write. That is, of course, in addition to providing a thorough and up-to-date approach to the clinical diagnosis and treatment of the diseases they cover. I hope you will agree with me that all of them have excelled in this respect. We have excellent reviews of conditions commonly seen in practice, such as keratitis and uveitis, while contributions on more rarely seen conditions, such as extraocular myositis and sudden acquired retinal degeneration, provide completely new information that will be of interest to those in referral ophthalmology clinics and those in general practice. It is always difficult to juggle clinical work, teaching, and research, so to be asked to provide a cutting edge summary of an area of ocular disease in addition to all of that is a considerable burden. I thank all the contributors most profoundly for their contributions to this issue. I hope you will find that it aids you in your clinical work and stimulates you to see the research that has been undertaken in ocular immunology and how much more there remains to do!

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