
(4) It is Taborisky's experience that trachoma begins acutely in persons who have never been in contact with any source of contagion up to the time when such contact occurs and when they succumb. When, however, the disease begins insidiously it will be found that the patient has been in continual association with trachomatous persons, a reiterated minimal infection having produced a relative immunity.

It has been asserted by Morax, MacCallan, Wilson and others that it is impossible to differentiate microscopically between trachoma and a follicular conjunctivitis, however, the author is not of this opinion.

A. F. MacCallan.


(5) Gold salts were first used in the treatment of tuberculous disease of the eye; after the first expectation (that in gold a specific for tubercle had been found) was disappointed, the salts were used to improve the general defensive power of the organism. Cavallacci has found no mention of use in trachoma and has thought it interesting to test it. He used an oily solution of solganol B at first in strength of 2 per cent., and later in 20 per cent.; one series of experiments by instillation into the conjunctival sac; a second series was treated by intramuscular injection of the solution.

The results of the first series were negative; no improvement followed in any case. The second series showed that alone, the drug was not capable of effecting a cure, but when combined with the usual local treatment the disease was more rapidly relieved. The intramuscular injections are well borne.

Harold Grimsdale.

CORRESPONDENCE

CILIA IN VITREOUS AS A RESULT OF PENETRATING WOUND OF THE EYE

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—On Wednesday, April 12, a small boy, aged eight years, was struck on the right eye by a pellet from a shot gun.
The eye was seriously damaged; X-ray showed the foreign body to be in the globe; in fact two foreign bodies. (1) The pellet. (2) A much smaller opaque substance which was not found at operation.

The eye was not removed until April 18 as there was some delay in obtaining permission from the parents. Immediately after removal, I opened the eye and found the vitreous infected. The pellet was found in the vitreous and close to it, and seemingly attached to it, were two cilia. The presence of the cilia in the vitreous is unique in my experience, but although it has been noted, it is sufficiently rare to make it worthy of being recorded again.

Yours faithfully,

W. A. ANDERSON.

Belfast,
July 26, 1939.

OCULAR DOMINANCE IN RELATION TO DEVELOPMENTAL APHASIA

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

Dear Sirs,—May I draw your attention to points arising out of the review you published of my monograph "Ocular Dominance in relation to Developmental Aphasia" in the current number of your Journal.

The account given there by your reviewer is an exceedingly inaccurate one as well as misleading, and one must conclude that he was able to give this quite sincere piece of work only very cursory perusal before writing his notice.

I shall take up the inaccuracies of statement one by one as they occur.

1. I am attached by your reviewer to the Physiology Department of Edinburgh University, whereas I am on the staff of the Psychology Department—this would give change of direction of emphasis to the investigation described.

2. It is stated that "reading disability in 383 children" is investigated, whereas it is only incidence of disability within this total group that is investigated.

3. It is stated that the mean Intelligence Quotient of this group of 383 children is 100 with probable normal range of intelligence, whereas these findings refer to a smaller group of 49 children who show disability and handicap and are within the larger group.

4. The abbreviated form for Reading Accomplishment Quotient is misquoted as R A, a non-existent term in mental measurement. These are probably more trivial points, but
CILIA IN VITREOUS AS A RESULT OF PENETRATING WOUND OF THE EYE

W. A. Anderson

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