Correspondence

Side-effects of methaqualone (Mandrax)

To the Editor of the *British Journal of Ophthalmology*

SIR,—It is possible that methaqualone (Mandrax) after prolonged use may produce a punctate band-shaped erosive keratitis. I have had two cases, one unilateral and one bilateral, in young women who had become addicts. It is known that this drug can produce paresthesia of the skin, unassociated with peripheral neuropathy, and that skin rashes also occur.

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July 10, 1973

Living microfilariae of *Onchocerca volvulus* in the cornea

To the Editor of the *British Journal of Ophthalmology*

SIR,—Microfilariae of *O. volvulus* and opacities resulting from their presence have often been reported in the cornea, and they have been used as indices of the intensity of onchocercal infection (Budden, 1963; Monjusiau, Lagraulet, d'Haussey, and Göckel, 1965). The microfilariae are usually reported as lying straight and immobile, presumably dead (Choyce, 1958; Budden, 1962), and it is generally assumed that the pathology in the cornea is caused by the reaction around the dead parasites. Movements have been observed only very rarely (Quevedo, 1941; Ridley, 1945; Neumann and Gunders, 1963).

During onchocerciasis surveys in Cameroon, Nigeria, Uganda, Ethiopia, and Yemen over the past 3 years it has become increasingly evident that living microfilariae can frequently be seen in the cornea. The model of slit lamp used was a Haag-Streit 900. With a magnification of $\times 25$ it was relatively easy to see these living larvae, particularly in the reflected beam. They were often curled up on themselves and so were hardly visible with lower magnifications. Usually lying near the limbus, they were sometimes seen in groups of fifty or more, and corneae containing more than 500 living larvae were not unusual in heavily infected persons. Careful observation of such microfilariae usually revealed movements in them.

In a heavily infected Sudan-savanna village in North Cameroon, the whole population over the age of 5 years (273 persons) was examined for the presence of microfilariae in the cornea. The organisms were seen in 219 persons (80 per cent.), and in 130 of these living microfilariae were observed.

As it appears that these living larvae have been overlooked in previous surveys, attention is called to their presence. They may be of importance in the pathogenesis of certain corneal lesions, particularly sclerosing keratitis (Duke and Anderson, 1972).

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Your faithfully,
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