ledge of the underlying optical principles, it is difficult to interpret the skiascopical pictures produced. Once these principles are grasped, however, the procedure is quite simple. The results are more satisfactory than when spheres only are used, because the axis and amount of the correcting cylinder can be determined with greater accuracy.

This book is one of which we would welcome a translation, so that it might be available to a larger number of English readers. While one may not agree with all the statements made, the wealth of practical information contained within its one hundred and eleven pages cannot fail to be of value to ophthalmic surgeons.


This work is divided into two parts, an ophthalmological section by Meller, and a rhinological one by Hirsch. The authors do not claim that any great amount of original matter is presented; the book is more in the nature of a digest of recent work on the subject, and is confined to material written in the German language. Although most of the references are given in the text, the absence of a complete bibliography will certainly be felt by the reader. Both authors lay stress on the point that it is impossible to decide without operation the question of the condition of the posterior ethmoidal cells. They also are both in favour of the method of prolonged anaemia (Daueranämiasierung), by adrenaline tampons applied to the nasal mucous membrane for two hours daily, before deciding on the necessity for an operation. Cases to illustrate the success of this method are cited, and the reader is referred to an article by v. Herrenschwand in Dimmer’s “Festschrift” for a full description of the method. The illustrations and plates are excellent.

CORRESPONDENCE

PERSONAL EXPERIENCE OF CHRONIC DIPHTHEROID INFECTION OF EYELID

To the Editor of The British Journal of Ophthalmology

Sir,—From October, 1922 to January 28, 1924, I suffered from repeated attacks of inflammation in the left upper eyelid, pus being expressible from the margin: cultures taken on three occasions
demonstrated diphtheroid bacilli only, no staphylococci being grown. The lytic property of my tears was defective; the bactericidal power of my leucocytes was rather above the average as regards staphylococci: Wassermann, negative. It became difficult to carry on my professional work, and various treatments were tried. A brief catalogue follows to indicate my opinion of their respective values. Argyrol drops and Stannoxyl tablets. No apparent effect. Zinc sulphate, 2 per cent., irritating; ungu. acid boric, more irritating; and ungu. H.O.F., extremely irritating. Ag NO₃, 1 per cent. painting both lids had good effect three weeks, washing out lacrimal sac at same time with saline (normal). Autogenous vaccines were used for four months in varying doses, with no apparent effect. I noticed that very severe nervous strain seemed to precede exacerbations, and headaches were a feature. Refraction was done but no apparent influence on course of disease, hypermetropic astigmatism being present. I developed a carbuncle of buttock and finger and a boil close to anus: this sort of complaint I had not experienced previously: staphylococci present. I was advised to go to Switzerland, and did so June, 1923. I had three acute attacks in fifteen days whilst at altitude of 5,000 feet.

On January 28, 1924.—After reading Norman Walker's "Dermatology" on the subject of seborrhoea, I decided to wash my scalp with sphagnol soap, 15 per cent. daily, applied a lotion of salicylic acid, alcohol, and ol. ricini to the eyelid every night, and swallowed thyroid extract, grs. 2½, daily: this latter I omitted after a week or so.

On May 29, 1924, i.e., four months later, I had my first attack after commencing the above treatment! It subsided without pus formation in less than two days; I made the note at the time "used lotion again," so that probably I had become irregular with the onset of better health.

On June 9, 1924.—After driving 110 miles in dull weather I had one day's exacerbation with pus.

On September 18, 1924.—I had one day's inflammation of left upper eyelid with pus formation: I had been having an anxious time with a case of septic pneumonia who died this day: I had been three nights on duty away from my own bed.

Since this date I have had no trouble with the eye whatever, except sticky tendency on awaking in morning. To sum up, I think it is reasonable to state that in spite of all manner of
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treatments, local and general, and the advice of many skilled men (for which I am indeed most grateful, though unable to mention their names) fifteen months saw no improvement: and after embarking on the anti-seborrhoeic campaign the improvement was instantly noticed, four months passing before the first relapse of slight degree. I am glad to say that my personal experience has enabled me to treat several similar cases with success.

The prescription is as follows:

Acid Salicylic gr. xxx.
Sp. Rosmarini ʒi.
Ol. Ricini ʒii.

Yours truly,

ARTHUR F. COLE.

WEST MALLING, KENT.
June 8, 1927.

CALCIUM DEFICIENCIES

To the Editor of The British Journal of Ophthalmology

DEAR SIR,—May I correct a misprint in my paper on calcium deficiencies in your May number. At the top of page 229 the phrase “has always been ill” should read “has always seen ill.” The mother’s actual words were: “has seen badly since he could walk,” showing that the case was probably a congenital myope, and therefore not an exception to the rule.

I have seen all the cases but one since their first blood examination, viz., from six to twelve months after. All have become normal under treatment as regards their calcium level. In no case has myopia increased, but the time is too short to permit of forecasts. Several further cases have been found with low calcium levels, including one where it was only 6.2 mg. per 100 c.c.

Yours truly,

D. J. WOOD.

CAPE TOWN.
May 25, 1927.
PERSONAL EXPERIENCE OF CHRONIC DIPHTHEROID INFECTION OF EYELID

Arthur F. Cole

Br J Ophthalmol 1927 11: 413-415
doi: 10.1136/bjo.11.8.413

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