The present writers cannot confirm this view. In the samples they examined the toxicity, indeed, was low, but on the other hand, the anaesthetic action was correspondingly low. Both effects agreed satisfactorily with the proportion of cocaine chemically recoverable from the solution. The writers furthermore declared that the cocaine is not, as claimed, in colloidal solution, as shown by the fact that a sample filtered through a wet collodion membrane under a pressure of about 25 cm. of mercury. On the other hand, the colouring matter of the product was held back by the membrane, so that the resulting filtrate was colourless. The authors reached the following conclusions:—1. The local anaesthetic action of three samples of "collosol" cocaine corresponded roughly with that of a 0.25 per cent. solution of pure cocaine. In two other samples it was much lower. 2. The toxicity of the three better samples was about one quarter of that of 1 per cent. of cocaine. 3. The quantity of cocaine chemically recoverable from each of the three samples was approximately 0.24 per cent. instead of 1 per cent. as indicated. 4. The cocaine which was present passed freely through a collodion membrane, and was therefore not in colloidal solution. Meanwhile the matter is not at an end. A letter appeared in the Lancet of December 15 last from Mr. Lewis Stroud, M.A., of the Crookes Laboratories, in which several of the statements of Dr. Dale and his colleagues are traversed.

The Lucien Howe Prize Fund

The Committee in charge of the Lucien Howe Prize Fund of the Medical Society of the State of New York suggests the following as suitable subjects for essayists:—
1. Renal permeability; its relation to the pathology and prognosis of diseases of the eye.
2. Describe the ocular changes, diagnosis, etc., of general paresis and tabes dorsalis, including peripheral and central lesions and the pathological conditions peculiar to each—with differentiation from lesions found in cerebro-spinal syphilis.
3. Give the effects of shell shock upon the optic nerve, as occurring in the present war.

The prize fund amounts to 100 dollars. Essays must be in the hands of Dr. Albert Vander Veer, chairman of the committee, at 28, Eagle-street, Albany, N.Y., not later than April 15, 1918.

"Shell Shock"

Among the after-war problems presented to ophthalmic surgeons will be one which deals with army pensioners who have suffered or
are still suffering from "shell shock" and other war neuroses. Not a few pensioners have already applied to the Military Hospitals for relief of ocular symptoms occurring in conjunction with alteration of function of the central nervous system. The symptoms are similar in a very large number of cases.

The following are the most prominent:

1. The patient cannot read print at near range for more than a few moments (or minutes in cases less severely affected) without blurring of the letters. The effort is accompanied by an aching in the eyes, by headache (frontal) and sometimes by "watering" of the eyes.

2. After gazing at distant objects for a few moments a "mist" comes in front of the eyes. "Objects appear, disappear, appear again."

3. Bright sunlight or artificial light causing aching at the back of and around the eyes. It makes the eyes "water."

4. There are pains (as distinguished from headache) in various parts of the head, more commonly in the temples, radiating beyond the ears to the occipital region. The pain spreads from the occipital region down the neck. It is described as "neuralgic" in character. Almost without exception frontal headache is present.

After having seen a large number of cases with the above symptoms, it is difficult for the ophthalmic surgeon to persuade himself that they are associated with an error of refraction or a pathological want of balance of the ocular muscles. All of these cases are confident that they have not suffered from ocular discomfort before.* Would it not be wise to send all cases of this kind to the neurologist or psychologist? Certainly we must look forward to an extensive organization for dealing with cases of functional diseases of the central nervous system.

---

**Trachoma and the American Forces**

At the June meeting of the Ophthalmological Section of the American Medical Association a resolution (proposed by Dr. F. Park Lewis) was adopted, urgently directing the attention of the authorities to the danger of the spread of trachoma through men conscripted for the United States Army, and calling for the exclusion of any found to be infected with the disease. The U.S. Public Health Service has now issued a special statement urging physicians to institute a careful examination for the disease, and to arrange for the treatment of any affected recruits. Meanwhile, the National Committee for the Prevention of Blindness has made

*With the exception of those men who were then suffering from "neurasthenia" in a greater or lesser degree and were taken into the Army.*
"Shell Shock"

*Br J Ophthalmol* 1918 2: 89-90
doi: 10.1136/bjo.2.2.89-a

Updated information and services can be found at:
[http://bjo.bmj.com/content/2/2/89.2.citation](http://bjo.bmj.com/content/2/2/89.2.citation)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
[http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to:
[http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to:
[http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)