
(1) **Kinukawa** here records and discusses the microscopical appearances of two early cases of eclamptic retinitis, in which the main clinical features were haziness of the retina and optic disc and, in one case, patches of translucent glassy oedema and a localised detachment of the retina.

Microscopically the chief changes were found in the pigment epithelium together with the presence of subretinal fluid (in one case on the retinal side of the pigment epithelium and on its choroidal side in the other) and marked passive hyperaemia of the choroidal vessels. Of these the most important were found in the retinal epithelium, which in places showed a pathological secretory activity, associated with degeneration of the cells (pyknosis of the cell nuclei). These changes corresponded to those in the cells of the liver and kidney.

It is concluded that they are due to the action of toxins and not to spastic contraction of the retinal arteries; in the absence of any abnormality of the retina the subretinal fluid mainly accounts for the clinical haze of the fundus (the areas of glassy oedema being due to localised increase of this fluid) and is derived from the pigment epithelium.

The retinitis in these cases developed independently of the number or severity of the eclamptic attacks, while the changes in the eye had no direct relation to those in the liver and kidney.

**Thos. Snowball.**

(2) **Parry, Rupert and Rogers, Lambert (Cardiff).—Intracranial aneurysm producing bilateral eye signs.** *Brit. Jl. of Surgery*, July, 1939.

(2) The sub-title of this interesting case by Parry and Rogers is "a case of fistulous aneurysm of the intracranial part of the carotid artery producing bilateral chemosis, proptosis and complete ophthalmoplegia." The case was that of a married woman, 50 years of age, who, in November, 1937, had a cold and sneezed violently. Headache came on at once and was followed by diplopia shortly after. Early in December, 1937, she attended the eye department of the Cardiff Royal Infirmary and was found to have paresis of the right external rectus with a sluggish pupil reaction on the same
side. On Christmas Day she was taken with severe pains in the right eye, with complete ophthalmoplegia and chemosis with ptosis. Vision = 6/60 and no defect in the field could be charted. The Wassermann and Khan reactions were negative, the systolic blood-pressure was 190 mm. Hg. Radiographs of the skull did not help in the diagnosis. The area supplied by the ophthalmic division of the trigeminal was unaffected. The right eye cleared up quickly on iodide of potash, but about a month later the left eye became affected in the same way as the right had been at the start and the right eye had relapsed.

In March she complained of a buzzing noise over the right eye and on auscultation a loud bruit could be heard. Compression of the right carotid controlled the bruit and relieved her symptoms.

At the end of March the right external and internal carotids were tied under local anaesthesia.

The patient recovered consciousness and was able to use both upper limbs in six hour's time. But, on the following day, she became "drowsy, slow in speech, incontinent of urine." Some recession of the globes had taken place and the chemosis was less marked. Later in the day she became hemiplegic and stuporous.

Gradual recovery took place and a year after the original attack she was able to walk and to use her hand, though imperfectly.

Three illustrations of the patient before and five weeks after operation are included in the paper.

R. R. J.


(3) Guyton presents, from the Wilmer Ophthalmological Institute of the Johns Hopkins University and Hospital, an extensive review of cases treated with sulfanilamide. "During the past four years more than 1,000 sulfanilamide compounds have been prepared. Two, sulfanilamide and sulfapyridine, produce the full therapeutic effects attainable by the use of all other preparations of this group. Only a very few of the other preparations are worthy of mention."

The chemical nature and therapeutic effects in general of these two preparations are discussed, and mention is also made of prontosil and neoprontosil, uleron and septasine. A review of ophthalmic literature follows and then the report of cases in which sulfanilamide compounds have been tried at the Johns Hopkins Hospital because of ocular inflammations.

The following are the author's conclusions:—"(1) The present status of sulfanilamide compounds in general medicine is reviewed briefly.

(2) Reports of the usage of these drugs in ocular diseases are
Miscellaneous

reviewed more completely. These reports indicate that this type of chemotherapy is definitely of value in the treatment of gonococcal conjunctivitis and of trachoma, is probably of value in the treatment of inclusion blennorrhea, and may be of benefit in certain cases of panophthalmitis, cavernous sinus thrombosis, herpes simplex, and herpes zoster. The reported successful use of "prontosil" solution locally is largely discounted, although the local use of a solution of sulfanilamide itself (which is active in vitro) is considered to have potential value.

(3) Forty-three cases treated with sulfanilamide compounds in the Johns Hopkins Hospital because of ocular inflammations are reported, with the following results:

(a) No appreciable effect was noted in 14 cases of "gonococcal" uveitis, either from the standpoint of alleviating the acute attack or of preventing recurrences.

(b) No apparent effect was obtained in five cases of ocular tuberculosis.

(c) Four out of eight cases of purulent intra-ocular infection exhibited spectacular cures; one of these was a metastatic meningococcal panophthalmitis, one was a post-operative panophthalmitis with beta streptococcus in the anterior chamber, one was a post-operative panophthalmitis with staphylococcus aureus in the conjunctival sac, and the fourth was a post-operative endophthalmitis with unknown etiology.

(d) Significant results were obtained in five cases of infection of the lids or orbit; four of these were known to be due to beta hemolytic streptococci.

(e) Significant improvement was noted in two cases of trachoma (stage 3); improvement was more notable than in two other cases of trachoma treated with intravenous tartar emetic.

(f) Two cases of inclusion blennorrhea were cured within six days.

(g) A cure of doubtful significance was obtained in one case of pneumococcal conjunctivitis and corneal ulcer by the use of sulfapyridine.

(h) One case of corneal ulcer associated with streptococcal and staphylococcal conjunctivitis responded significantly. (Sulfanilamide was used locally as well as internally.)

(i) No appreciable effect was noted in five other miscellaneous cases.

A bibliography of 65 items is appended.

R. R. J.


(4) Waardenburg gives a detailed account of the case of a man aged 46 years, who showed a bilateral central fundus lesion which
he regards as not due to either central choroidal sclerosis or to an isolated retinal defect. There was no evidence of a genetic factor in this case. (The case might, with reason, be regarded as one of macular dystrophy. It seems unnecessary to multiply names for what is essentially one group of central fundus lesions with familial variants.)

**ARNOLD SORSBY.**


(5) Teraskeli reports a series of observations on 23 patients (35 glaucomatous eyes) on whom he studied the effect of the combined use of syntropan and pilocarpine, as also eserine and boropilocarpine. It was observed that syntropan was able to maintain the width of the pupil in spite of the effect of the glaucoma medications. Syntropan caused neither an increase of pressure in the glaucomatous eye nor a decrease in the effect of the medications applied to reduce pressure. The only exceptions were very advanced cases and those which had received large quantities of miotics (more than 3-4 instillations a day) in order to maintain normal pressure. Syntropan is doubly useful in glaucoma. Firstly, it prevents the narrowing of the pupil consequent upon the use of the usual glaucoma medications with the concomitant deterioration of vision in those glaucomatous eyes having central opacities of the lens or cornea. Secondly, syntropan preserves the balance of accommodation against glaucoma medications thereby preventing the disturbance of accommodation resulting from a change in the power of refraction and in this way a disturbance of vision even when no central opacities are present. It is evident that syntropan like adrenalin and glaucosan is able to lower the pressure in the glaucomatous eye without narrowing the pupil and without increasing the ocular pressure.

**ARNOLD SORSBY.**


(6) Biro reports that during the period of 1931-36 out of 9,666 in-patients admitted to the Eye Clinic at Budapest there were 761 (7.76 per cent.) glaucoma patients (not including hydrophthalmos patients). Out of the 761 cases, glaucoma was inherited in 43 cases. The 43 cases were members of 36 families. These 36 families could be divided, from a genetic point of view, as follows: in five families glaucoma was present in brothers only; in 27 cases
the disease was inherited through two generations, and in four families through three generations. Inheritance extending over more than three generations was not observed. Inheritance, apart from the cases of glaucoma in brothers and sisters was of a dominant character. Anticipation was observed in all the cases traced over successive generations. The younger the age when glaucoma appeared the more difficult and hopeless was the prognosis. The preponderance of glaucomatous women within the affected families was noteworthy.

Arnold Sorsby.


(7) Levy-Wolff draws attention to the corneal complications seen in various conjunctivides, especially Koch-Weeks conjunctivitis. Apart from superficial punctate keratitis there may be deep infiltrates especially in the pupillary area. On the basis of nearly 2,000 eyes, treated without silver preparations and 79 eyes treated with silver, she advances conclusive statistical evidence that the development of corneal complications must be ascribed to the use of silver. (The incidence of corneal complications was 0.05 per cent. in the first series and 12.65 per cent. in the second.) The treatment she suggests consists of zinc sulphate $\frac{1}{4}$ per cent., cocaine 2 per cent., with a drop of adrenalin 1:1000. She advises against the use of any kind of metal with an oxidising or dehydrating tendency in the treatment of conjunctivitis.

Arnold Sorsby.


(8) Continuing his studies on the effect of sound on colour perception, Kraskov reports that:

1. The colour sensitivity to green 530 $\mu\mu$ is heightened under the influence of an indirect sound stimulus, whilst that to orange (590 $\mu\mu$) is lowered.
2. Variations in the loudness of the indirect sound stimulus do not affect these results qualitatively.
3. Quantitatively the results are proportionate to the loudness of the sound stimulus.
4. These results can be expressed in a formula of exponential function.
5. Quantitatively individual variations are obtained.

Arnold Sorsby.

(9) **Mattsson** reports three cases of transitory myopia observed after the administration of sulphanilamide. In all cases the doses used were small and the condition is regarded by the author as lenticular in origin and allergic in character. On reviewing the literature, the author recalls that in addition to the transitory myopia well recognised in diabetes, cases have been reported in such dehydrating processes as diarrhoea, and also perspiration during the course of various acute infections. It has also been observed following infection of the arsphenamides.

**ARNOLD SORSBY.**

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**BOOK NOTICE**


The ninth edition of this well known member of the "Aids" series does not differ to any marked extent from earlier editions, but the text has been thoroughly revised by Mr. Moffatt. The chief alterations are that the type used is larger than in previous editions and a short chapter on war injuries has been added. Some of the old illustrations have been redrawn and some new ones added. There is a useful compendium of the visual standards in the various services.

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