thalmic surgeon with lowered visual acuity would be incapacitated at a visual level far higher than that postulated by Circular 1353. It is impossible to include such cases in any general scheme, yet real hardship is often involved. An elderly clerical worker cannot readily undertake rough manual labour.

Such persons are also precluded in sharing in the benefits of the fairly considerable private charitable funds now available for the "indigent blind." It appears that under present conditions a certain amount of such charitable money is sterilised, as those in receipt of blind pensions are not legally considered "indigent." A survey might well be made of such charitable funds, and if the aggregate is sufficient to be significant, the money might be made available to visually handicapped persons by a short Enabling Act. The matter is one for the Charity Commissioners and their legal advisers in the first instance. However this may be, it is unlikely that these funds will be enough without State supplement.

The Committee consider such persons should have access to some appeal tribunal, which should preferably contain lay representation as well as medical. This tribunal should be open to all persons who considered themselves wrongfully refused blind registration and its benefits. Such persons frequently travel from one certifying surgeon to another, wasting time and possibly incurring expense.

Funds should be made available for granting special handicap allowance.

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ABSTRACTS

I.—PATHOLOGY


(1) Julianelle and James describe 5 cases of molluscum contagiosum. One of these had suffered for 6 months from severe follicular conjunctivitis, corneal epithelial infiltrations and erosions and pannus. In this case and in another with milder follicular conjunctivitis the molluscum contagiosum lesion was on the lid margin. In a third case where the lid margin was affected mild conjunctivitis was present. In these three the cornea was involved. In the two remaining cases, the lesion was on the lower lid in one and was generalized elsewhere on the body in the other. In both cases conjunctivitis was mild and there was no corneal complication.
It is probable that the infection originates in the sebaceous glands. When the lesion was on the lid margin the patient sought medical attention within 2 to 4 weeks of the onset of the disease. The epithelial cells containing the inclusions are immense and have a characteristic histological appearance.

Treatment consists of resection of the lesion and mild irrigation of the conjunctival sac. Experimental work showed that the incubation period ranged from 14 days to 6 months. The disease is not transmissible to monkeys, rabbits or white mice. Implantation in the hen egg was followed in 2 out of 4 experiments by infection of the chorio-allantoic membrane, multiplication of the virus and the appearance of typical inclusion bodies. Molluscum contagiosum differs from most virus diseases in that the degree of infectivity is low.

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(2) Donahue reports the case of a man, aged 52 years, who developed metastatic panophthalmitis in the right eye seven days after trans-urethral prostatectomy. The prostate was infiltrated with leucocytes.

Sulphadiazine was administered in doses sufficient to keep the blood concentration at 20 mg, per cent. from the third to the tenth day of observation. From the eighth day the acute inflammatory process gradually receded, and by the seventeenth day the eye looked normal.

An extensive retinal detachment involving the lower quadrants and the macula was operated on successfully, despite the absence of a tear. Ultimately vision was 20/70 with glasses, and there was a 15 degree constriction in the upper nasal field.

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(3) Goldberg describes the case of a negro, aged 19 years, with bilateral conjunctivitis and corneal ulceration caused by bacillus pyocyaneus. The patient received sulphathiazole 4 gms. daily. Slight improvement was noted after 5 days; on the 9th day the corneal ulcers had healed. On the 12th day sulphathiazole therapy was discontinued on account of a fall in the leucocyte count to 3,200. Five weeks from the onset of the disease vision had recovered to 20/20 in each eye.

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THERAPEUTICS AND OPERATIONS


(4) Ellis states that only 21 cases of free-floating cysts in the anterior chamber have been reported. His case, a man aged 22 years, had noticed a cyst 3 mm. in diameter in the anterior chamber of his right eye for five years. This was symptomless.

The author discusses the origin of these cysts from (1) the pars iridica retinae (2) remnants of pupillary membrane and (3) detached flocculi at the pupil margin.

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(5) Payne stresses the importance of early diagnosis of syphilis and states that a "cure" is possible in 98 to 100 per cent. of cases if the diagnosis is made within 14 days of inoculation, but approximately only 80 per cent. are cured if treatment is delayed until the Wassermann reaction is positive. He emphasizes the importance of repeated blood and serological tests when syphilis is suspected on chemical grounds, but the results of these tests are doubtful and negative.

The author describes briefly the ocular lesions due to syphilis. He points out the importance of repeated visual field examinations during tryparsaminide therapy.

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II.—THERAPEUTICS AND OPERATIONS


(1) Scheineson discusses pharmaceutical vehicles suitable for ophthalmic drugs. He favours ointment, and in particular, bases such as cholesterolated petrolatum (aquaphor) and other water-absorbent petrolatum bases such as hydrosorb. These are miscible with water, their consistency is semi-liquid or liquid emulsion and they will incorporate either water-soluble or water-insoluble drugs in a cream-like ointment. For ophthalmic use water up to a 40 per cent. concentration can be incorporated with this base.

Careful attention is paid to the pH and the active ingredients are dissolved in their buffered solution and this is incorporated in the cholesterol base. The optimum reaction of atropine, scopolamine and eserine is pH 7.5.

The author gives a description of his technique for preparing ophthalmic ointments and for adding such therapeutic adjuvants as
scarlet red, vitamin A, liver-oil and local anaesthetics. He emphasizes the necessity for keeping separate utensils for the mydriatic cycloplegic group of drugs, the porosity of the utensils harbouring traces of these alkaloids. No preservatives are used. Manipulations of the ointment are done with sterile wooden tongue depressors. Aseptic technique is essential. The ointment is set up in collapsible tubes.

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Gallardo and Thompson produced acute ocular inflammation by mustard oil in the conjunctival sac and by streptococcal infection of the anterior chamber. This increased the passage of sulphanilamide into the aqueous fluid. They comment that the increase may have been due entirely to injury of the corneal epithelium, since intra-ocular inflammation by the intravenous injection of killed typhoid bacilli definitely diminished passage of the drug.

Of the drugs tested by local application, the higher levels in the aqueous humour were obtained with sulphanilamide.

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Sallmann found that sulfadiazine iontophoresis was successful in checking the progress of keratitis in 4 rabbits out of a series of 7 when applied 8 to 18 hours after the rabbits’ eyes had been inoculated. In the remainder progress was controlled only for one day and a turn for the worse occurred during the night between the second and third days. The iontophoretic administration of the sodium salts of sulphapyridine and sulphacetamide achieved higher concentrations in the anterior segment of the eye than did other clinical methods. It was found that sulfadiazine enters the eye in greater amounts than the other sulpha-drugs studied. It remains in the anterior parts of the eye for four hours in a bacteriostatic concentration. In the presence of an ulcer or an abrasion of the cornea still greater amounts are found.

Sulfadiazine iontophoresis applied to pyocyanus infection of the rabbit cornea gave better results than those obtained by other local methods and with general treatment. The percentage of good results was raised by combining iontophoresis with oral administration of sulfadiazine when treatment was begun 18 hours after pyocyanus inoculation. Oral administration alone did not prevent
the extensive ulceration of the cornea. The most favourable treatment of pyocyaneus keratitis in rabbits 24 to 30 hours after inoculation was a combination of sodium sulphadiazine iontophoresis and sulphadiazine powder given locally and orally.

These experimental findings were confirmed by the results with the combined treatment on two patients suffering from advanced pyocyaneus corneal ulcers.

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(4) Krantz describes two cases of thrombosis of the central retinal vein in which rapid and complete cures followed intravenous injection of heparin and large doses of citric acid in the form of lemons. In one case vision improved from hand movements to 20/30 in 42 days. Single doses of heparin, 100 mg. and 200 mg. were given. In the other case the thrombosis affected the superior temporal branch. Three intravenous injections of heparin were given. In 23 days vision was 20/20.

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(5) Engel discusses the danger of using atropine in doses such as 1 per cent., particularly in cases of iridocyclitis associated with secondary glaucoma. He describes the effects of substitutes such as cocaine 5 per cent. with adrenalin 1/1000, euphthalmine 1 per cent. and homatropine 1 or 2 per cent. He considers that “atropine in such small concentrations as 1:2,000 and 1:500 used continuously gives better results than the application of stronger amounts.” Two cases which illustrate these points are discussed.

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(6) Guyton, J. S. (Baltimore, Maryland) and MacGovern, P. H. (Danville, Virginia).—Diathermy coagulation in the treatment in angiomatosis retinae, and of juvenile Coats' disease.

(6) Guyton and McGovern describe a case of bilateral angiomatosis retinae in a girl, aged 13 years. X-ray therapy was valueless, the fundus lesions increasing during and after treatment. A single lesion in the upper nasal quadrant of the right eye was treated by diathermy. Sixteen Walker pins were inserted through the sclera
into and just surrounding the neoplasm. The lesion was obliterated and the feeding vessels returned to their normal calibre.

The left eye was more severely affected and although three operations obliterated the angiomatous masses retinal detachment remained and there was no hope of restoring any useful vision.

The second case was one of bilateral exudative retinitis (Coats' disease). In the left eye the retina was completely detached. During a subsequent attack of measles this eye developed glaucoma, ultimately shrank and was enucleated. In the right eye there was a lesion on the temporal side near the periphery. X-ray therapy was valueless. Diathermy was applied to the affected site through 16 Walker pins. The lesion contracted down to a white scar and 8 weeks after operation vision was 20/20-3.

In both these cases post-operative reaction after diathermy was considerable. The authors comment that this might have been less had fewer punctures been made and that light surface coagulation may be all that is necessary. Retinal and sub-retinal exudates remote from the lesion became absorbed after the primary angioma was eradicated.

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(7) Kirby's technique for electro-surgical excision of pterygium amounts to a division of the base of the pterygium by a surgical diathermy needle which cuts vertically across the vessels entering the pterygium. Access to this is gained after the operation for excision of the pterygium has been almost completed.

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BOOK NOTICE


This paper includes an analysis from the genetic standpoint of 76 recorded cases of total colour-blindness with photophobia. The author concludes that the condition has a genetic source, is not sex-linked and is due to a recessing gene which does not manifest in heterozygotes; he further concludes that total colour-blindness has no relationship to the much more common defect of dichromatism. None of these conclusions have been in doubt for many years.
ABSTRACTS

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