

TABLE
RESULTS OF TREATMENT BY ERYTHROMYCIN

Cases Treated	Clearance of Secondary Infection	Improvement of Secondary Symptoms	Disappearance of						Per cent. Cured
			Pannus			Inclusion Bodies			
			2 wk	4 wk	6 wk	2 wk	4 wk	6 wk	
50	24 hrs	24 to 72 hrs	2	11	12	6	9	10	50

Discussion

The search for a suitable antibiotic or chemotherapeutic drug for the effective treatment of trachoma continues, although quite satisfactory results have been obtained by the use of sulphacetamide and other sulphonamides.

In view of the variable responses to various drugs it is thought that either the sensitivity of trachoma virus to various therapeutic agents is not uniform, or there is more than one strain of trachoma virus.

The response to erythromycin indicates that it is quite an effective agent against trachoma virus as shown by the disappearance of inclusion bodies from smears in 50 per cent. of cases. This series also shows that erythromycin is a quick-acting drug, as in many cases the inclusion bodies had disappeared when the second scraping was taken, *i.e.* in the second week.

The subjective symptoms showed uniform response and the pannus retrogressed in the cases which responded to this therapy. In a few cases, which have been labelled as negative, the subjective symptoms were relieved and the pannus showed some degree of retrogression, but the condition did not completely resolve. If the treatment had been continued for a longer time, better results might have been obtained. Erythromycin has proved worth a trial.

Summary

(1) The study of 100 cases was controlled by the demonstration of inclusion bodies in conjunctival scrapings at intervals of 2 weeks.

(2) Erythromycin was found to be quick-acting and effective in 50 per cent. of cases.

(3) Oral therapy (42 tablets of 100 mg. each) combined with local ointment (5 mg./g.) is recommended.

The authors wish to express their thanks to Eli Lilly and Co., Indianapolis, 6, Indiana, U.S.A., for the supply of erythromycin (Ilotycin, Lilly).

REFERENCES

- AGARWAL, L. P., and GUPTA, B. M. L. (1954). *British Journal of Ophthalmology*, **38**, 119.
POLEFF, L. (1952). *Amer. J. Ophthalm.*, **35**, 627.

CORRIGENDUM

It is regretted that in a previous report from this department (*B.J.O.*, **38**, 119) Dr. M. A. Shah was misquoted as stating that aureomycin was useful against trachoma. He has informed us in a personal communication that he has found aureomycin ineffective in this condition.