Correspondence

Microfilariae in the cornea

To the Editor of the *British Journal of Ophthalmology*

Sir,—Further to the interesting letter by Dr. J. Anderson and Mr. H. Fuglsang in the September issue, it is wrong to say that the presence of living larvae in the cornea has been overlooked in previous surveys. In 1952 to 1956 in West Africa I did not have the advantage of a modern slit lamp. I had a 1952 AIMARK and with this a special pair of objectives which raised the magnification to $\times 40$. This was too powerful and only gave one the idea that there might be living, moving microfilaria in the cornea. In my book 'Blindness in West Africa' (1959), p. 203, I describe how I excised sixteen pieces of cornea from different patients in whom I suspected the presence of *Mf. volvulus*. I was wrong in seven instances and correct in nine. Eight of the larvae lay between the epithelium and Bowman's membrane and one under Bowman's membrane. In the seven cases in which no larvae were found, Bowman's membrane was not damaged and they may have been present in the deeper structure. I shall never forget watching these living *Mf. volvulus* pushing their way through the corneal tissue under the light microscope. They appeared to make very heavy weather of it. I also described this at a meeting of the WHO Expert Committee. There has never been any doubt that living *Mf. volvulus* may exist in the cornea, but it is only natural that with better optical instruments they will be more easily spotted to-day.

Yours faithfully,
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December 14, 1973

References

- ANDERSON, J., and FUGLSANG, H. (1973) *Brit. J. Ophthalmol.* 57, 512
RODGER, F.C. (1959) "Blindness in West Africa", p. 203. Lewis, London

Book reviews

Intraocular Light Scattering. Theory and Clinical Application. By D. MILLER and G. BENEDEK. 1973. Pp. 121, figs, bibl. Thomas, Springfield, Ill. (\$8.75)

This monograph, written jointly by a clinician and a physicist, sets out to explain the physical basis of the transparency of ocular tissues and the effects of scattered light within the eye under normal conditions and where turbidity of the normally transparent tissues is increased by pathological conditions affecting the regularity of their constituents.

The book is well printed on good quality paper and illustrated with high quality electron micrographs and photographs from the Howe Laboratory together with clearly presented diagrams.

A number of the physical concepts in relation to glare which are introduced may be new to the clinician, and may be of value to the researcher interested in visual problems who may not be well versed in "noise" theory as it affects vision. Some practical points in relation to the testing of vision in patients affected by glare are given and possibly useful techniques for the alleviation of glare are suggested. The book ends with a prophetic look at the possible use of a holographic technique for cancelling out the scattering of light in cataract, so alleviating visual loss from this cause.