Correspondence

Trachoma among children in East Jerusalem

SIR, I read with interest the article by Bishara and Yanko.¹ I was surprised to learn that in their survey conducted in East Jerusalem during 1980 comprising 8896 nursery and primary school children aged 3 to 12 years not a single case of active trachoma could be detected.

Of 1000 consecutive unselected ophthalmic outpatients surveyed in 1982 at St John Ophthalmic Hospital in East Jerusalem 42 were children aged 3 to 12 years, living in East Jerusalem. All examinations were performed with the use of a Haag-Streit slit-lamp. Of this subsample 6 children (14%) showed evidence of trachoma. All 6 cases were bilateral. Three of the 6 had stage I trachoma; 2 had stage II; and one child had stage IV trachoma.

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Reference

- 1 Bishara S, Yanko L. Prevalence of trachoma among children in East Jerusalem in 1980. *Br J Ophthalmol* 1982; 66: 580-2.

Ocular myiasis

SIR, A 50-year-old woman came into the Casualty Department during the summer of 1982 complaining of acute discomfort in her left eye. This had come on suddenly a few hours previously while she was enjoying a picnic in the New Forest, Hampshire, England. She felt as though she had a foreign body in the left eye.

On examination her vision was 6/6. There was generalised conjunctival vascular engorgement, much lacrimation, and some puffiness of the lids. Through the slit-lamp microscope it was easy to see 10 to 15 shrimp-like creatures swimming rapidly to and fro in the tear meniscus at the lower lid margin. They would collide with one another, back off, and pass on their way.

Treatment consisted in instillation of drops of 4% cocaine. This slowed down motility of the parasites, and allowed release of blepharospasm. It was then possible to catch the 'fishes' with fine smooth (nontoothed) forceps under slit-lamp observation or the operating microscope.

The natural history of the sheep's bot fly has been well described.¹⁻⁴ While Wong's case³ showed that the larvae may be imported, and Redmond Smith's that they are indigenous in Devonshire,¹ this case shows that the fly is active against humans as far east as Hampshire.

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References

- 1 Smith JH. Ophthalmomyiasis in England. *Br J Ophthalmol* 1951; 35: 242-3.

- 2 Lapage G. *Monnig's Veterinary Helminthology and Entomology*. 5th ed. London: Baillière, Tindall, 1962: 385.
- 3 Wong D. External ophthalmomyiasis caused by the sheep bot *Oestrus ovis* L. *Br J Ophthalmol* 1982; 66: 4.
- 4 Setna PH. Ocular myiasis. *Public Health Laboratory Service Communicable Disease Report* 1982: 4.

Notes

Glaucoma group travel fellowship

This fellowship, sponsored by Merck Sharp and Dohme, is available to medical graduates and nonmedical scientists resident in the United Kingdom or Eire. It will assist a visit to a hospital or research centre during the academic year starting 1 October 1983 and will be equivalent to £1500. Its purpose is to enable the successful applicant to gain experience and knowledge in pursuit of a specific research project related to glaucoma. It may be held concurrently with other awards. Applicants should send a curriculum vitae with information on their research project and details of their proposed visit (preferably with confirmation from the centre(s) to be visited) to: Dr S. Nagasubramanian, Glaucoma Group Secretary, Glaucoma Unit, Moorfields Eye Hospital, City Road, London EC1. The closing date for applications is 15 June 1983, and the successful candidate will be informed in August 1983.

Vancouver meeting

The Canadian Ophthalmological Society will hold its Annual Meeting at the Hotel Vancouver, Vancouver, British Columbia, Canada, on 26-29 June 1983. Details from the Executive Director, J. Paul Le Bel, 1867 Alta Vista Drive, PO Box/CP 8844, Ottawa, Ontario, Canada K1G 3J2.

Teachers of visually handicapped children

It is important for teachers to recognise the signs of visual impairment even when they are masked by some other disability. They need to identify the defect and to adapt their teaching methods to the needs of the individual child. Miss Agnes Cameron, ALCM, has put together some notes intended to give teachers some brief, basic nonmedical advice, with reading lists, on the problems they may face. The subjects covered include assessment, educational training, environmental aids, social adjustment, vocational guidance, and counselling. Miss Cameron has had 23 years' experience of teaching partially sighted children and undertook this study for the Disabled Living Foundation as a volunteer. The *Notes for teachers of visually handicapped children (not in special schools)* can be obtained from Mrs Valerie Scarr, Adviser on Visual Handicap, Disabled Living Foundation, 346 Kensington High Street, London W14 8NS (£2.50, including postage), or over the counter at the Disabled Living Foundation for £2.