I.—TRACHOMA


This is a report on trachoma presented to the new Roumanian Ophthalmological Society by Professor Michail. It contains a useful resume of the aetiology and method of infection of the disease. The author refers to the admirable work of Morax and Lakah in Egypt more than a quarter of a century ago, but does not consider more recent studies. The experimental work on trachoma is well described, though the report was written before the important work of Nicolle and Lombroso (Rev. Internat. du Trachome, July, 1926) in which it is shown that there exist in animals natural lesions identical with or analogous to those of trachoma; these throw doubt on all previous inoculation experiments. It may be stated definitely that the aetiological cause of trachoma is still unknown. Michail is of opinion that the initial lesions of trachoma are found around the ducts of Krause's and of Henle's glands, that is either in the upper fornix or at the upper retro-tarsal fold. However, all ophthalmic surgeons in Egypt, the classical home of trachoma, are confident that the initial lesions occur anywhere on the upper tarsal conjunctiva.

Michail has no doubt that pannus is the result of extension of follicle formation via the fornix to the bulbar conjunctiva, and so to the cornea. This is almost certainly the case, remembering the occasional clinical appearance of extensive follicle invasion of the bulbar conjunctiva, as reported at the Congress by Dr. Nicolau and as seen frequently in Egypt. Michail states that he has constantly found a chronic interstitial inflammation of the lacrimal gland in those cases of trachoma in which such an examination has been carried out. However, Puscariu reported at the Congress that she did not consider dacryocystitis more common among the trachomatous than among the non-trachomatous.

A. F. MacCallan.

(2) Manolesco (Bukarest).—The frequency of granular conjunctivitis in Roumania, its treatment and prophylaxis. (La fréquence de la conjunctivite granuleuse en Roumanie, son traitement et sa prophylaxie.) Bull. Soc. Roumaine d'Ophtal., 1926.

In this report to the Society Manolesco states that no statistical study on trachoma in Roumania exists. In his opinion
the disease is very prevalent and has increased since the war. A scheme for the prophylaxis of trachoma in Roumania is worked out with great elaboration and clarity; it is well worth study by all those who have responsibility for the health of trachomatous countries. There is a good bibliography attached to the report.

A. F. MacCallan.

(3) Panaitesco, Col. (Bukarest).—Trachoma in the Roumanian army. (Le trachome dans l'armée Roumaine.) Bull. Soc. Roumaine d'Ophtal., 1926.

(3) Although the Roumanian army has been blamed for the recent increase in trachoma among the civil population Panaitesco is not of this opinion. On the contrary he believes that by its surgeons, its special infirmaries, and hospitals, it treats, and cures trachoma in that part of the population which is at the time enrolled in the army, and is an aid to the detrachomatization of the country.

A F. MacCallan.


(4) Puscariu at the end of her report complains of the paucity of books, monographs, and reviews of ophthalmology in the library of the faculty of medicine at Jassy. This has certainly prevented her making use of the previously acquired experience of other observers of the various phases of trachoma. It is to be hoped that surgeons who have little or no use for such publications will send them to ophthalmic colleagues in other lands, especially in the case of publications which are now out of print and for which inquiries from abroad are constantly being made. The reviewer will gladly charge himself with this duty if books on trachoma are sent to him.

One or two points in the report may be picked out for comment. One is that the author does not consider that dacryocystitis is more common among the trachomatous than among the non-trachomatous, a matter on which the reviewer is in agreement with the author. The reviewer notes that the author does not realize that pannus is corneal trachoma, and that it is rarely the case that pannus vessels cannot be detected at the upper part of the cornea if examination is made with a good loupe or with the slit-lamp, when any case of trachoma is examined, no matter how recently discovered.

A. F. MacCallan.
(5) Popovici (Timisoara, Roumania).—The importance of the fornix in the pathology and therapy of trachoma. (L'importance du repli semilunaire dans le pathologie et la thérapie du trachome.) Bull. Soc. Roumaine d'Ophtal., 1926.

(5) Popovici draws attention to the clinical importance in Roumania of the upper conjunctival fornix in trachoma. It is here that he first finds follicles, and it is from this region, after inadequate drug treatment of the rest of the conjunctiva, that relapses take their origin. This opinion is held by a number of good Continental observers of trachoma, and must be taken as true of the type of trachoma prevalent in the countries in which their experience is obtained. In Egypt and in England it is the tarsal conjunctiva which first exhibits the almost invisible trachoma follicles within a few days of definite trachoma invasion, and the presence of follicles in the fornix is a sign that the disease has been present for some time.

A. F. MacCALLAN.


(6) Morax draws attention to the possible confusion which may occur between papillary hypertrophy of the conjunctiva of trachomatous origin and non-trachomatous papillary hypertrophy. In the non-trachomatous variety there are no trachoma follicles, nor is there any development of pannus.

A. F. MacCALLAN.


(7) Nicolle and Lombroso show that there exist among certain animals, such as the rabbit and the monkey, natural lesions which are identical with or analogous to trachoma; these lesions are contagious and inculable. This must be taken into account when experimental work with trachoma virus on animals is carried out.

A. F. MacCALLAN.


(8) Royer, who is the Medical Director of the National Committee for the Prevention of Blindness, questions whether the transmissibility of trachoma has not been greatly overrated in America with a view to getting easy control over immigrants. It is a fact that a non-infected person may live for years in a trachomatous atmosphere and retain his immunity. As an instance of this may be mentioned a Scottish medical man who lived for
28 years at an oriental capital without contracting the disease, during which time he was treating trachoma daily. Then one day while performing mechanical treatment for a case of trachoma (stage 2a) a drop of the expressed material flew into one of his eyes. His conjunctival sac was at once washed out by a nurse with a diluted solution of perchloride of mercury (1:10,000) and he thought no more about it. At the end of two months he felt some uncomfortable sensation in his lids, and on examination he was found to have trachoma in both eyes. A cure was obtained by treatment without the development of trichiasis or entropion, but when he came under the reviewer's observation a month ago, the tarsi were found to be greatly thickened, and were all removed by Saunders's operation, with resulting relief of the pre-existing ptosis.

Again there is the case reported by Sedan of an English nurse-maid born at Margate, who went to a situation with an English family in Cairo where she began to suffer from her eyes, like all the children of the house. Later she went to the family of a stockbroker at Marseilles, the members of which were patients of Sedan's, and who had had their lids everted by him and found healthy. Some time after the nurse's arrival, as the boys complained of their eyes they were again examined, four of them being found to be trachomatosus (stage 2a), while two were healthy. On examination the nurse also was found to be suffering from stage three of trachoma and had without doubt infected her charges.

That an eye is sometimes very resistant to trachomatous contagion is shown by the not infrequent instances of uniocular trachoma which come under the observation of those who have the opportunity of seeing a large number of cases of this disease. This, however, does not mean that there is any factor causative of the disease other than discharge from a trachomatous eye; the importance of a weakening of the general defensive mechanism against infection in increasing the liability to infection with trachoma or any other disease is of course conceded.

A. F. MacCallan.


(9) Trigo was commissioned by the Municipal Council of La Paz to conduct an inquiry into the prevalence of trachoma in Bolivia, especially in the neighbourhood of La Paz. He found that at high altitudes there was no trachoma. It may be remarked that this does not mean that there is any immunity from the disease at these altitudes, but merely that owing to a sparse population with cleanly habits the disease would have little tendency to spread even if there were carriers.

A. F. MacCallan.

(10) Meerhof has treated several cases of trachoma with intravenous injection of a freshly prepared solution of sulphate of copper. The dosage was at first 1 c.c. and later 2 c.c. of a 4 per cent. solution. He states that great improvement results in the subjective symptoms, with amelioration of the condition of the palpebral conjunctiva. The number of injections required varies from four to twenty-six. The treatment was used empirically and no investigation was made into any changes in the cell constituents of the blood produced by the introduction of the drug into the blood stream. The absence of any classification of the phases of trachoma in the cases treated, makes it difficult to appreciate what the condition was when treatment was started, and what change was produced by treatment.

A. F. MacCallan.


(11) In this interesting short pamphlet on trachoma we learn that in the States “the military type of the disease has been eradicated. Institutions, barracks, prisons, and orphan asylums have been brought to such a high grade of hygiene and sanitation that the epidemic form in this connection is negligible in amount.” But in the mountain districts and in the Indian reservations foci of trachoma tend to persist and to increase. Now the old trachoma patient, notably the North American Indian, has no use for treatment unless it gives a prompt result. Such prompt result in Fox’s experience is given by two operative procedures, namely; “grattage and excision of the tarsal cartilage after the methods of Kuhnt and Heisrath.” These two methods are then described. In summing up the author gives the following recommendations for the treatment of trachoma: “In the early stages when the disease resembles acute, subacute, or chronic conjunctivitis, to treat it as such, emphasizing the contagious character, and institute sanitary hygienic measures to prevent the occurrence of new cases. When the granulation stage has been reached and there are no corneal complications, grattage should be performed. When the granulation stage is pronounced and the cornea shows signs of involvement, resection of the cartilage is indicated. When the cicatricial stage has arrived the distressing symptoms that attend the continual rubbing of the contracting lid on the inflamed cornea may be relieved by excision of the cartilage, and the Ziegler
cautery applied along the lid margin, preventing entropion. We cannot always select our cases so that our results will appear spectacular to the reading public, but the gratification that attends the relief given in all cases, amply compensates for the percentage loss in the statistical record.”

Ernest Thomson.

II.—MISCELLANEOUS

(1) Trantas (Athens).—Diaphanoscopic ophthalmoscopy by pressure on the sclera. (Ophtalmoscopie diaphanoscopique totale par pression sur la sclérotique.) Arch. d’Ophtal., March, 1926.

(1) Instead of pressure by the finger for ophthalmoscopic examination of the equatorial and anterior parts of the fundus Trantas strongly advocates the use of a transilluminator or diaphanoscope. This procedure he finds more effective, and as easy or easier to apply. A tube carrying an electric bulb is applied to the sclera and by this means the fundus or portions of it are brightly illuminated. If the patient is directed to rotate the eyeball inwards or outwards so that the tube can be applied far back on the globe the whole of the interior of the eye can be examined. Trantas gives some illustrations of the structures thus made visible, such as the ciliary processes, venae vorticosae, etc. He directs attention to the fact that this method is of no value in optic nerve atrophy, and, generally, in retinal affections with perivasculitis and small patches of exudation, an atrophied papilla would still show a pink or rose colour owing to the light reaching it through the vascular choroid. Retinal haemorrhages escape observation except in that part of the retina rendered anaemic by the pressure of the transilluminator. For the early detection of detachment of the retina at or anterior to the equator the procedure has proved very helpful.

J. B. Lawford.


(2) Truc describes three cases of visual hallucinations and discusses the subject.

The first case was of a woman, aged 75 years, who had been blind in the left eye for many years from kerato-conjunctivitis in infancy and a leucoma. The vision of the right eye had failed gradually from chronic glaucoma with optic atrophy. In 1916,
Piotrowski, adorned women none in and optic atrophy. Obstinate attacks of constipation occurred and with them increased irritative symptoms in the eye. At these times phantopsies occurred in attacks; they were more frequent in 1918, 1919, 1920, up to several attacks in a week. Later they were less frequent until in 1923 and 1924 there was only one in each year and none in 1925.

The hallucinations were commoner in the day than at night. They were variable. At first they consisted in visions of fair women adorned with jewels and necklaces of pearls. Later, old or ugly women, or men deformed and grotesque. Still later, trees, green plants, giant weeds. Finally, three-coloured curtains, waving, as if blown by the wind. The visual illusion was always complete, so that the patient would put out her hand to feel for some of the objects. They were never terrifying, but more often somewhat amusing. These phantopsies are quite distinct from those which are definitely cerebral, such as occur in migraine.

It is possible to understand vaguely that some physiological changes in the brain produce hallucinations, from disturbances in the nuclear, cortical or association areas. In phantopsies of ocular origin attention should be directed to the choroid, retina, and nerve fibres. In the cases described, the phantopsies probably had their origin in lesions of these structures. These visual manifestations do not ordinarily involve any cerebral affections.

Humphrey Neame.


(3) Piotrowski's short article has as the sub-heading "A Contribution to the study of Protective Ferments by Optical Methods." It deals especially with the findings of Madame Gourfein-Welt (Rev. gén., d'Ophtal., 1925. "Le sérum du sang des cataracteurs diffuse-t-il de celui des non-cataracteurs?") with whom the writer as chef-de-clinic appears to have been associated in her research. The object of the present article is to expose various fallacies connected with the investigation and comparison of sera. It is largely in tabular form and can only be really appreciated by those who are closely interested in the subject; but the author's general conclusion may be of interest here. "Serum should be considered from the physical point of view as a very unstable fluid. Results obtained by optical methods should be carefully scrutinized. I by no means deny that these methods may give a result, but it seems necessary to take into account these spontaneous variations
and to make efforts to stabilize the serum from the optical standpoint. I propose, however, to go on with Madame Gourfein-Welt in the study of the serum of cataractous and non-cataractous individuals and to see whether by improving the technique it may not be possible to diminish the sources of error."

Ernest Thomson.

**BOOK NOTICES**


It is not surprising that a fifth edition of this valuable book is called for, even though a fourth edition appeared as recently as 1923, and a reprint in 1924, for its popularity very deservedly increases year by year.

There is no text-book of its size which comprises such a rich and clearly arranged detail in ophthalmology, together with other sciences which bear upon it. For this reason it is a quite admirable text-book for students, while for those who have studied the subject for years it is replete with concise summaries which render it of real value for reference.

This edition has been carefully revised and several improvements in the text have been made. A short description of the use of the slit-lamp has been incorporated and reference made under the different headings where examination by this method gives us practical value.

Publishers are naturally anxious that all new work should be incorporated in a new edition in order that critics should not be able to say it is not entirely up to date, and it would be easy to overload a text-book for students with a mass of undigested material. The author has wisely refrained from a surfeit of this nature, and while combining all essential new material he has kept a just sense of proportion.

The work as before is throughout admirably illustrated both with coloured and line drawings.


The fact that a third edition has been found necessary indicates that this book supplies a need of those to whom it is addressed. Although not written by a medical man and although intended to aid the sight-testing optician, the conception and carrying out of the