rules for their children, when they themselves are incapacitated, partially or completely, by the results of trachoma, such as eyelashes rubbing on the sensitive cornea, which common talk informs them can be cured by operation.

The establishment of a conveniently situated ophthalmic hospital or of an adequately equipped annexe to a general hospital with a skilled oculist in charge, therefore, is the foundation stone of prophylaxis as well as of treatment.

"From this centre will develop various branches of work, including treatment of the pupils in schools, lectures on ophthalmic hygiene, distribution of pamphlets giving instruction for the prevention of infection, provision of first aid in eye disease in the remoter villages, talks in simple language to collections of women of the necessity of cleanliness for their children and of the way it should be effected."

For different countries different arrangements will be required for dealing with different physical features and with different modes of thought of the inhabitants, but some near or even distant centre where skilled ophthalmic treatment can be obtained is the corner stone in any scheme of prophylaxis.

Whatever success may attend a well-thought-out prophylactic campaign quick results must not be expected, but enthusiasm allied with cool calculation and determination to look far ahead beyond the span of life of the originators will work a vast improvement.

In European countries, where material conditions are not too bad, epochs of improvement may become manifest in decennial periods, while in some Eastern lands the periods must be those dynastic ones of Ancient Egypt.

---

**ANNOTATION**

**Herbert's Peripheral Pits**

MacCallan, writing in the *Archives d'Ophtalmologie* for April, 1931, has drawn attention to the fact that Herbert's work on the corneal manifestations of trachoma has been overlooked by certain Continental writers in recent publications on this subject.

Twenty years ago MacCallan published an article in the *Archives d'Ophtalmologie* (September, 1911) in which he drew attention to the marginal pits of Herbert. He wrote "there are certain cases of healed trachoma where the only signs indicating that this disease ever existed are either the remains of a vascularized pannus or the presence of little depressions at the upper part of the periphery of
the cornea. These were first described by Herbert and later by Meyerhof." Herbert's description was published in the Trans. Ophthal. Soc. U.K., vol. XXIV, p. 67, 1904.

"These peripheral pits are the result of cicatrisation of trachomatous follicles at the limbus. Trachomatous follicles at the limbus are common enough, having the appearance of five or seven little rosettes at the upper part of the cornea. These rosettes and the pits, according to Egyptian experience, do not indicate any disease other than trachoma."

MacCallan notes that some writers (Bonnet and Trantas*) appear to regard the corneal manifestations of trachoma as important; it will be regrettable if they attach any other name than that of Herbert to the pits and marginal rosettes of the cornea which have been recognized in Egypt for a quarter of a century.

ABSTRACTS

I.—RETINA


(1) Larsson advocates his method of treatment as preferable to Gonin's as it does not depend on the localization and closure of holes in the retina. The principle involved is the old conception of producing an adhesive choroiditis, such as was attempted by the injection of chemical irritants or by galvano-cautery of the sclera. Experimentally, Larsson has shown that in the rabbit the application of diathermy to the sclera can produce vitreous changes without producing necrosis of the sclera. Seven cases in which the method was used are reported; in five, the author is satisfied with the result; in one there was improvement though the detachment remained over a large area; in one there was no change.

The procedure consists in dissecting up the conjunctiva over a segment corresponding as nearly as possibly to the detachment. The sclera corresponding to the detachment must then be exposed, muscles divided (at their tendinous insertions), if necessary. The globe may have to be rotated forward; this can be done by a suture