To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

Sirs,—The following case may prove of interest to your many readers, being one of extreme rarity in this country.

Mrs. M., aged 45 years, consulted me recently complaining of great discomfort in her right eye, which she was certain was due to a filaria, having had a similar attack previously. She had spent several months in Nigeria and the surrounding districts during the past four years, and stated she had been bitten by a fly on one of her earlier tours, since when she was conscious of two filaria in her system.

On one previous occasion an unsuccessful attempt had been made to remove the two worms in Aba when they appeared simultaneously beneath the skin of the upper lid.

The filaria is transmitted by the krysops fly, and according to native lore it is supposed to cross the eye about every four months, but in this case this is the first time the filaria has appeared under the conjunctiva.

Filaria evidently do not reproduce their species in the human body, probably requiring a new host to do so and are said to exist for seven years in the human body before dying out.

While usually occupying the deeper structures, heat brings them to the surface, and no doubt the spell of hot weather experienced last summer accounted for the superficial position of the filaria in this case.

Foster Moore records one case, and Parsons gives details of a filaria found in the anterior chamber.

It is understood that in most cases only mild discomfort is experienced, but in this case the pain was very acute, and is so whenever the filaria is near the surface, invariably preventing the patient from sleeping. This acute pain was probably due to pressure on the nerve endings by the ova laid by the female.

On the evening before consulting me, Mrs. M. stated that she was sure she would have a worm in her eye the next morning, and on waking found a swelling under the upper lid. As their presence in the eye is very transitory, she was brought to me at once and on examination the lids were seen to be slightly discoloured and swollen, while the bulbar conjunctiva was markedly oedematous, and a small localised swelling was seen in the upper and outer quadrant,
irregular in character, resembling a worm under the conjunctiva, and to the touch an enlarged vein as found in a varicocle. This was anaesthetised with 5 per cent. cocaine, a speculum inserted and the worm firmly grasped with a pair of forceps. The conjunctiva was dissected backwards from the limbus until the worm was exposed and finally removed. The conjunctival flap was stitched back in position, and a pad and bandage applied.

On macroscopic examination, the filaria was seen to consist of a short body and a long spiral tail measuring in all 10 mm. The tail was about twice as long as the body, which was more opaque than the colourless tail. The whole organism resembled a small piece of fine fishing gut. Unfortunately the specimen was destroyed before any microscopic examination could be made.

A fairly acute reaction followed the removal of the filaria, a mucopurulent conjunctivitis supervening, but this quickly yielded to treatment, leaving an indurated area at the site of the operation.

The second filaria has made itself manifest since by swellings in the ankle and right elbow and right index finger, giving rise to marked swelling and great pain, but so far has not appeared in either eye.

In all probability the swelling is due to the deposit of ova in the lymphatic system as occurs in elephantiasis, but this is only conjecture on my part.

Yours truly,

A. Beck Cluckie.

Bath.

NOTES

As we go to press we learn with profound regret of the death of Mr. J. Herbert Fisher. We hope to publish a memoir in our next issue.

* * * * *

The Annual Cours de Perfectionnement will be held in the ophthalmic clinic of the Faculté de Médecine de Paris at the Hôtel Dieu from May 5 to June 2, 1933. Professor Terrien, assisted by numerous helpers, will be in charge. The cours will be divided into two