**CASE REPORT—AGRANULOCYTIC ANAEMIA
FOLLOWING HERPES OPHTHALMICUS**

BY

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IN view of the variety of conditions with which agranulocytosis has been found associated and of its relative rarity the following case is reported, although it is fully realized that its ophthalmological interest is small and that probably very little connection exists between the antecedent ocular condition and the subsequent history.

The patient, M. N., first consulted one of us (I. M.) in August, 1931. She had had in June, 1931, an extremely severe attack of right sided ophthalmic herpes of which the ocular complications had not cleared up.

General condition.—The patient was a rather nervous woman, aged 38 years. There was a history of exophthalmic goitre 10 years previously and she still had a slight tremor and a pulse rate of about 100. Since the attack of herpes she had had amenorrhoea and had felt extremely unwell.

Ocular condition.—There was a slight degree (-1.5) of myopia in both eyes. The left eye was otherwise normal. The right showed a ciliary flush, a large amount of keratic precipitates and on the temporal side of the sclera a bluish patch, at first suspected of being a commencing staphyloma and later recognized as one of the slate-coloured scars occasionally seen following a severe herpetic cyclitis. The patient was treated with atropine and heat locally, and in consultation with the other author (D. B.) was put on to bromide and other sedatives for the general nervous condition. The cyclitis proved most intractable and the ciliary injection continued for seven months. At the beginning of 1932 a vascular interstitial opacity developed in the right cornea on the temporal side. This never encroached on the pupillary area and after about five months became quiescent, the opacity being permanent. There was never any affection of the optic nerve, vision being 6/5 with correction in spite of the fact that the precipitates continued until the time of the patient's death three years after the original attack. During 1932 the patient had various septic affections. In February she developed an axillary abscess, and in August had an acute attack of tonsillitis. She had severe pyorrhoea and had some teeth extracted. She had some gold bridge work which was not removed. In March, 1934, she began to complain of pain in her left cheek and frontal headache. The pain was most severe over the left upper wisdom tooth. About 10 days later she developed a sore

throat with enlarged submaxillary glands and a temperature of 101°F. Seen in consultation by D. B. she was admitted to the South London Hospital for Women. On admittance temperature was 101.5°F., pulse 88, respiration 20. The patient was drowsy and felt ill. There were no physical signs other than a red injected throat and a moderate general swelling of the cervical and submaxillary glands. The sinuses were clear. A Widal test (completely negative) and a blood count were done, the result of the latter being:—

				per c. mm.
Red cells	...	...	...	4,000,000
White cells	...	...	...	500
Haemoglobin	...	...	...	90 per cent.
Colour index	...	...	...	1.1
Differential white count.				per cent.
Polymorphonuclear cells	...	...	...	1
small	}	...	...	96
Lymphocytes				
large	}	...	...	3
Large mononuclear				
Eosinophils	...	...	...	0
Basophils	...	...	...	0

A swab from the throat showed no pus, with a few cocci only. A small growth of non-haemolytic streptococci, staphylococci and a saprophytic bacillus was obtained. The organism of Vincent's angina was not present; a catheter specimen examined was sterile.

A diagnosis of agranulocytic angina was made and the patient was immediately put on daily doses of 40 c.c. of pentose nucleotide and was given a blood transfusion. The following day a further blood count was done and no polymorphonuclear cells could be seen at all, nor did any reappear in the blood before death. Treatment with pentose nucleotide 40 c.c. daily, hepastab and coramine, was continued; the blood transfusions after the second were abandoned as they greatly distressed the patient and were of doubtful value. In spite of this the patient developed physical signs of pneumonia six days later. The temperature rose to 106°F., respirations to 56, and she died on March 29, eight days after the diagnosis had been made.

This case recalls that which Sir Arnold Lawson reported to the Ophthalmological Society of the United Kingdom in April this year in that a slow chronic ocular inflammation (in his case choroiditis, in this cyclitis) was associated with recurrent attacks of septic infection ending in death from agranulocytosis. In Sir Arnold's case the patient was much older and the history of nasal

sinusitis almost life-long. In the present case severe pyorrhoea, tonsillitis and an axillary abscess occurred during the three years preceding the patient's death, nothing being known of her previous history.

There seems a possibility that chronic ocular conditions which fail to react to treatment may in some cases be associated with an altered blood picture a study of which may materially modify the line of treatment and also the prognosis.

In view of the recent suggestions that the barbiturate group of drugs given alone or in combination with amydo-pyrin may exert a selective toxic influence upon the marrow elements, more particularly the granulocytes with the production of a primary agranulocytosis, it should be recorded that this patient had from time to time taken veramon (amydo-pyrin methylbarbiturate) for headache and at the onset of her illness was given this drug once or twice a day for the pain. She had, however, taken a course of theominal (luminal and theobromine) for a period during the previous year without any ill effects.

SPANISH-ARABIC OPHTHALMOLOGY

BY

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To celebrate the International Congress of Ophthalmology held at Madrid last year the well-known firm of Cusi (The Laboratories of the North of Spain), decided to publish a translation of the works of a twelfth-century Spanish-Arabic author. This author is named Mohammad ibn Qassoum ibn Aslam al-Ghafiqi, whose manuscript is treasured in the library of the Escorial, bearing the title "Al-Morchid fi' l-Kohl." Very little is known about the author except that he lived at Cordova and practised as an oculist.

The translation of the Arabic original into French was confided to Dr. Max Meyerhof of Cairo, the distinguished medical-orientalist, to whose erudition reference has repeatedly been made in the *Brit. Jl. of Ophthal.*

A large part of the manuscript is concerned with general medicine and natural philosophy, and it is only the sixth book or chapter which is specially devoted to ophthalmology. Of this the fifth section constitutes the main part of the translation, and for its matter the published work of a celebrated oculist, Ali ibn 'Isa, who practised at Baghdad about A.D. 1000, has been drawn upon largely by Al-Ghafiqi.