The Calcutta Blind School at Behala during the same year yielded 52 blind males and 22 females in the total of 74 inmates.

An elaborate table gives the causes of blindness in India. These are contrasted with similar tables prepared by Trousseau, in 1892, and by Magnus in 1870.

In the author's series senile cataract stands far and away supreme as the cause of blindness in India; next come injury, trachoma, corneal leucoma, keratomalacia, glaucoma, cyclitis and iritis, anterior staphyloma, corneal ulcer, optic atrophy, congenital cataract and smallpox, in that order.

The European authorities, of many years ago, gave optic atrophy and purulent ophthalmia as the principal causes of blindness. Bagghi does not wish to compare his series with those of European authors too seriously as preventive medicine has made such great strides in the past half century. His figures show that purulent ophthalmia in India accounts for only 1.26 per cent. of blindness as against 16.16 per cent. (Trousseau), and 11.78 per cent. (Magnus.)

One of his cases was a pterygium in a Hindu woman, aged 39 years, who preferred blindness to simple operative interference.

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ABSTRACTS

MISCELLANEOUS


(1) Schieck reports on 19 cases of anterior segment tuberculosis treated by replacement of the aqueous by autoserum. No deleterious effects were noted even when the reaction was severe. In one case and also in two cases of sympathetic ophthalmitis no good was achieved; in all the others there was rapid and surprising improvement after one or more injections. Increase of tension was not noted in any case even when the blood was long in being absorbed. In injecting blood from the patient’s arm into the emptied anterior chamber, a quantity enough to cover the iris and pupil...
should be used. The patient should not lie down, but remain sitting in a chair so that the blood should sink to the bottom of the chamber as soon as possible.

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(2) Custodis reports a case of traumatic epithelial cyst formation in the anterior chamber. Repeated operative attempts were unsuccessful, and ultimately X-ray was tried with a satisfactory result. The literature on the subject is reviewed and stress is laid upon the delayed action in some cases, favourable effects first becoming apparent after some months.

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(3) Pagès describes a case of amoebic dysentery in which every onset of this disease was followed by iridocyclitis with hypopyon. All other causes for the iridocyclitis could be excluded. After thorough treatment with emetine and yatrene 105 the attacks of dysentery and iridocyclitis did not recur. Pagès suggests that there are two ocular syndromes associated with dysentery:—(1) The conjunctivo-arthro-synovial syndrome; (2) amoebic dysentery-iridocyclitis syndrome. In the author's view the former is probably of toxic origin and the latter metastatic.

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(4) Miklos follows up the work of earlier observers who showed that the lens is a good culture medium. Employing the more common conjunctival organisms and the more common media he gives comparative values with both human and bovine lens matter as the culture medium. Lens emulsion was found to be the best medium, bovine lens being better than human. Sodium chloride solutions and sterile water checked the growth of organisms. Aqueous itself does not give luxurious growths, but inactivated aqueous does; when lens matter is present in the aqueous, the growth of organisms is not checked, even if the aqueous has not
been inactivated. The best culture medium was inactivated aqueous with human lens matter. Lens in blood serum is a good medium, especially for pneumococci. The significance of these findings for clinical cases with lens debris in the anterior chamber discussed.

ARNOLD SORSBY.

BOOK NOTICES


Palestine has the distinction of being the country where there is a greater percentage of blindness than any other in the world. This is the result of seasonal epidemics of acute conjunctivitis caused by the action of well-known bacterial organisms. Under certain conditions the inevitable background of trachoma is an adjuvant.

Palestine is richly provided with means for the relief of ocular disease as compared with other countries, though still insufficient to cope with the vast amount which exists.

Considerable additional credits have been granted in view of the high incidence of blindness in Southern Palestine which the census of 1931 revealed.

The lines of expansion recommended by the Consulting Ophthalmic Surgeon to the Government, Dr. W. E. Thompson, were similar to those adopted for some years by the Department of Health, but with the addition of village clinics, conducted by trained hospital attendants (tamurgis), and supervised by the Medical Officers of central stationary clinics.

These village clinics have been most successful. Not only did the tamurgis see and give first aid to a very large number of patients with early acute conjunctivitis, but they also visited selected number of villages in the vicinity and collected and treated other patients who subsequently attended at their village clinics. The frequent visits of the Medical Officer of the Central Clinic to all the village clinics permitted him to see and prescribe treatment to be carried out by the tamurgi for all new cases, or to transfer cases to his own Central Clinic.

Undoubtedly the expansion of the ophthalmic work resulted in curtailment of several epidemics of acute conjunctivitis and in the early treatment and cure of a large number of cases which would otherwise have developed impairment of vision or blindness. Even under treatment, 6.4 per cent. of the cases developed corneal ulcer.