BOOK NOTICES

Parinaud's Conjunctivitis. Tularaemia Oculoglandularis. By F. v. Herrenschwand (Innsbruck). *Abhandlungen aus der Augenheilkunde und ihren Grenzgebieten*, Vol XIX, 1935. Price, R.M. 3.

v. Herrenschwand in this excellent monograph discusses the aetiology of Parinaud's conjunctivitis. He draws attention to the exact description of the disease given by Parinaud in order to exclude various conditions which have led to confusion in diagnosis.

The original case which gave v. Herrenschwand the material for his investigations was an Austrian soldier, who acquired the disease while living in a ruined Italian barracks in 1917, who was transferred to the eye clinic in Innsbruck. From the material thus obtained an elaborate series of cultural and animal experiments were made. In the course of these experiments, v. Herrenschwand himself acquired an infection of his mouth and Bayer (his assistant) an infection in one eye. These accidents proved that the material which was being used for the animal experiments could produce conjunctivitis of the Parinaud type with its attendant generalised infection in the human subject.

As a result of these cultures and experiments, v. Herrenschwand came to the conclusion that the causal organism was the bacterium *tularensis*, which had been first described by McCoy and Chapin in 1912 as the cause of a highly fatal epidemic disease of ground squirrels in the county of Tulare, in California, which since then has been found to occur very widely, if sporadically, in many parts of the world.

The disease attacks rodents, and man is infected from this source. Parinaud pointed out that the people who are most frequently attacked are those having to deal with animals, and he suspected domestic cattle, but it would appear that the real source is the rodents which are always found in stables, etc.

It is satisfactory to have the cause of this peculiar form of oculoglandular disease definitely determined.

CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—I notice in the current issue of the *Brit. Jl. of Ophthalm.*, a paper by Dr. van Heuven on the localization of the retinal hole by transillumination of the globe.

I should like to point out that this method was tried by me well over a year ago, and the transilluminator that I designed for the purpose was shown at the Ophthalmological Congress in April, 1935, when I stated that although the idea appeared excellent in theory it was a complete and dismal failure in practice. I was led to make this remark for the following reasons: firstly, in one case, and one case only, did the hole show up by transillumination; secondly, in most cases when the transilluminator was in position it was found impossible to observe the retina through the pupil with an ophthalmoscope owing to lack of space.

I am very interested to read of the method of illumination used by Dr. van Heuven. In my instrument a 3-volt cystoscope lamp placed behind a solid cone of glass with a lens nearest the lamp was used; a right angle was bent in the cone, the surfaces of which were mirrored. By this means we eliminated as much loss of light as possible, although we found extreme difficulty in avoiding total reflection. The cone eventually used, and which I notice is advertised by Messrs. Hamblin in your January issue, was the result of many trials, and produced an intense spot of light at its apex, but the diffusion due to the light passing through the tissues destroyed its efficiency in locating the hole. As a transilluminator for ordinary purposes, *i.e.*, the transillumination of the globe in cases of suspected neoplasm and for demonstrating atrophic holes in the iris it is quite satisfactory.

Yours faithfully,

T. COLLYER SUMMERS.

LONDON,
January 3, 1936

OBITUARY

A. S. PERCIVAL

WE record, with great regret, the death of Mr. Percival which occurred at his home, Shenley, Woking, on December 22, 1935.

Born in 1862, Archibald Stanley Percival was the son of the late Mr. Stanley Percival, of Woking. He was educated at Repton (1876-1880) and Trinity College, Cambridge, where he took his B.A. with 1st class honours in the Natural Sciences Tripos in 1884. He proceeded to his M.A. in 1888.

In 1884 he entered St. George's Hospital for his clinical work. He qualified M.R.C.S. in 1886, and took the M.B., B.Ch., Cantab., in 1888.