CONJUNCTIVA

ABSTRACTS

I.—CONJUNCTIVA


Thygeson's report records the results obtained in the treatment of 57 patients with staphylococcal conjunctivitis which had resisted local measures for not less than 2 months and in the majority of cases for over a year. Toxoid was given intradermally when the injections were of less than 0.5 c.c. and subcutaneously when over this amount. It was administered bi-weekly, the initial dose being 0.01 c.c. of dilution No. 2. The dose was increased by steps of 0.02 c.c. up to 0.1 c.c. and then by 0.2 c.c. to a maximum of 1 c.c. When improvement did not occur on completion of the series, injections of 0.5 c.c. were continued at intervals for at least 6 weeks. In all cases the local treatment, which had previously been ineffective, was continued. The results in the 57 patients were: 21 healed, 19 clinically improved and 17 unchanged. Recurrences occurred in 8 of 21 healed cases and in all of these, symptoms disappeared after a second course of toxoid.

F. A. W-N.


This is a preliminary report on the treatment of trachoma with sulphanilamide. This drug is para-amido-benzene-sulphonamide which is also known as prontosil album.

140 patients have been treated. The dosage was varied for patients of different weights. On the basis of their body weight they were given for each pound ½ grain, so that a ten stone man would require approximately 45 grains; as the drug is made up in tablets of 7½ grains this would be two tablets three times a day. Expressed in grammes, for each kilogramme of body weight the dosage would be 0.044 gramme, so that a 64 kilogramme man would require approximately 3 grammes; as the drug is made up in 0.5 gramme tablets he would require two tablets three times a day.

This dosage is less than that given of the same drug for some other infective conditions of the body.

Gradle, who is an experienced trachomatologist, reported his favourable opinion of the use of the drug in Stages II and III of the disease.
The treatment must be given under hospital conditions or under the close supervision of a medical practitioner.

Toxic effects of the drug are not uncommon (Cokkinis, Brit. Med. J., Oct. 22, 1938), consisting of headache, palpitations or slight urticarial rash. They may be reduced by rest, glucose and increased fluid intake. The drug should not be discontinued unless the symptoms become well-marked. On the occurrence of oedema, cyanosis or dyspnoea immediate cessation of the drug and the institution of blood examinations should be undertaken.

Up to the present information is lacking that sulphanilamide has any action on viruses; as we believe that trachoma is a virus disease it will be of great interest if further experience shows that it is susceptible to the drug.

A. F. MacCallan.


(3) In a series of cases Derkač made repeated implantations of trachomatous tissue (excised from the conjunctiva of the same or another patient) under the skin of the arm with the object of curing the disease and rendering the patient immune to re-infection.

These experiments were attended with some success, the immunisation attained being most likely due to the production of specific cyto-toxins directed against the trachoma follicles and probably also, to a lesser extent, to bacteriological antibodies directed against the trachoma virus.

Positive results were obtained in children of 9 to 14 years of age, and the tissue inoculated acted best when taken from recent untreated cases (although a short course of treatment beforehand seemed to have no bad effect) and implanted into recent cases. If re-infection did occur it was amenable to the usual treatment.

Thos. Snowball.


(4) Wolff describes the case of a man with recurrent marginal ulceration of the cornea, assuming at one time a grave appearance. He holds that a liver deficiency gave rise to non-absorption of vitamin A, which in turn produced the corneal lesion. Emphasis is laid upon the need of giving vitamin parenterally.

Arnold Sorsby.

(5) Sjögren studied the histological appearances of the parotid gland in a case of kerato-conjunctivitis before the diminished secretion of saliva had set in and found disorganization of the glandular parenchyma—changes similar to those seen by Lambert and Yudkin in experimental vitamin A deficiency. He also reports the ocular changes in a patient in whom the lacrimal gland was removed during the excision of an orbital tumour, and draws attention to the similarity to the ocular findings in kerato-conjunctivitis sicca.

ARNOLD SORSBY.

BOOK NOTICES


Part 2 of the Transactions of the Ophthalmological Society contains the proceedings of the Oxford Ophthalmological Congress, the Midland and Irish Ophthalmological Societies and that of South Africa, together with the year's index. The volume is of about the same thickness as the first volume of the Society in 1881. The two parts of last year run to 813 pages. The larger part of this volume belongs to the Oxford Congress and contains v. Szily's "Doyne Memorial Lecture," and important papers on "Ocular Palsies" by Professor Cairns and Dr. Chavasse. These alone make the volume of great interest, and we should not omit mention of Professor Lauber's paper on "the relationship between intracranial and retinal blood pressure and intra-ocular tension: the treatment of tabetic optic atrophy." Shorter papers by Mr. Harrison Butler, Mr. Williamson-Noble, Mr. F. Ridley and Dr. Traquair are also of note. We hope to notice some of these in our abstract section later in the year.


We offer our cordial congratulations to the Medical Press and Circular on its centenary and on the extremely interesting memorial number. The paper is a combination of two journals, the Dublin Medical Press, founded in Ireland in 1839, and the Medical Circular, founded in London in 1852. These two journals combined in 1866. Ophthalmologists should be interested, for the prime mover in the