

information concerning the nature of lesions whose aetiological interpretation may be doubtful.

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ANNOTATIONS

Ocular Complications in Hyperemesis Gravidarum

An exceedingly important paper on what is something of a by way in ophthalmology, namely the ocular complications of persistent vomiting of pregnancy, has been recently contributed by Professor A. J. Ballantyne to the *Journal of Obstetrics and Gynaecology of the British Empire*, Vol. 48, No. 2, p. 205.

We think that most ophthalmic surgeons will agree with the author when he says that, although retinitis of pregnancy has long been recognized, the ocular disturbances which may accompany pernicious vomiting in the earlier months are much less widely

known and receive comparatively little notice in the obstetrical text-books and none in those of ophthalmology.

Summarising the author's conclusions we note that "doubt is expressed regarding the occurrence of purely neurotic cases, and some support is given to the view that a deficiency of vitamin B₁, and perhaps of vitamin C is an important factor in aetiology. It is shown that the current description of ocular complications as haemorrhage and optic neuritis appearing along with a notable loss of vision when the patient is gravely ill, is incomplete and misleading.

The earliest ocular disturbance is a retrobulbar optic neuritis associated with a central defect in the field and without visible ophthalmoscopic changes. This is succeeded by a visible oedema of the optic nerve and later by a characteristic type of peripapillary retinal haemorrhage. The ultimate visual defect may amount to total or almost total blindness, which, however, is capable of complete recovery.

The profound visual loss and the form and situation of the haemorrhage, along with the absence of exudates and vessel changes, are important points in the differential diagnosis from the ocular signs of cerebral tumour, subarachnoid haemorrhage, diabetes and hyperpiesis

It is recommended that, in the treatment of pernicious vomiting in pregnancy, the routine methods of rest, restoration of fluid loss and correction of constipation should be supplemented by intramuscular administration of vitamin B₁ and C. If these do not give a rapid response, and especially if polyneuritis, retrobulbar neuritis, papilloedema or retinal haemorrhages occur, prompt termination of pregnancy seems to be called for. The cessation of vomiting may be deceptive and should not in itself be accepted as a sign of recovery without consideration of the patient's general state and the condition of the vision and fundi.

The serious significance of ocular signs should be recognized before the appearance of changes in the retina and optic nerve. By the time that retinal haemorrhages and optic neuritis have become manifest the patient's life is in jeopardy and treatment may be quite ineffective Any complaint of defective vision should lead to a careful investigation of the visual acuity and field of vision as well as of the fundi."

Such cases must be rare in the limited number of obstetric beds available at most of the General Hospitals and the writer of this annotation certainly never was asked to report on the fundus of a case of persistent vomiting while he was in hospital practice. It would be of interest to obtain the facts from the great obstetrical institutions such as the Rotunda, Queen Charlotte's and the General Lying-in Hospital in order that they may be compared with Professor Ballantyne's experiences in Glasgow.

The ophthalmoscope was barely four years old in the Spring of 1855, when the most celebrated case of persistent vomiting in pregnancy in history died on March 31. We refer to Charlotte Brontë. In the life by Mrs. Gaskell no reference is made to any complaint of visual loss and, with such an acute observer as Charlotte Brontë, we think she would most certainly have complained of not being able to see if there had been any very great loss of vision, so we suppose that these complications do not always occur. It is to be hoped that ophthalmic surgeons as well as obstetricians will read Professor Ballantyne's paper as well as that of Mr. George Black in the present issue.

Prevention of Blindness in Bengal

The Tenth Annual Report of the Association for the Prevention of Blindness, Bengal, 1939-40, follows closely on the lines of the previous annual report, noticed in our columns, Vol. XXIV, p. 534.

The census returns of 1931 show 37,399 totally blind in Bengal and for every person blind there are three partially blind. Actual counts of the blind in villages are now being carried out and to date the numbers of the blind in 400 villages are known. These counts are carried out by trained ophthalmologists and when complete will be of the greatest value to the Association. Education of the Indian peasant is concerned with the evils of dirt, sepsis, quacks and the essentials of good diet, the proper cleansing of the eyes, the importance of vaccination against small-pox and the paramount importance of the preventative methods against ophthalmia neonatorum.

The Committee, of which Mr. Justice Henderson is the President and Lieut.-Colonel E. O'G. Kirwan, C.I.E. and S. K. Mukerjee are Hon. Secretaries, has been able to carry out most of the programme set for the Association at its first meeting in 1930. But, in spite of repeated recommendations the legislature has so far taken no action with regard to such subjects as compulsory vaccination, notification of venereal disease, regulations against adulteration of food and drink, unauthorised practitioners and quacks, prophylaxis against eye disease amongst the new-born, and indiscriminate advertisements by unauthorised practitioners.

The third and fourth travelling eye dispensaries, foreshadowed in the last report, came into being in February and March, 1940 respectively, and it is hoped that the fifth travelling dispensary will come into action this year.

The report is illustrated by reproductions of the various posters used in propaganda work and other photographs with details of the finances of the Association.