MISCELLANEOUS

ABSTRACTS

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Julianelle and Smith present a statistical analysis of 1,000 patients with trachoma graded according to MacCallan's classification into types I, II, III and IV.

About 15 per cent. belonged to type I or early trachoma, the majority of these complained of no symptoms and were detected fortuitously during routine inspection for prevention and control of trachoma in different communities.

In all types heavy secondary infections were uncommon, however in type II group there were three patients in whom gonococcal infection was superimposed on the trachoma, while in three other patients spring catarrh occurred as a complication.

A relatively large number of patients required repeated courses of treatment following recrudescence of the disease, that is to say that treatment had arrested but not cured the disease.

The source of infection was carefully studied in the 1,000 patients; in 387 it was undetermined, in 368 it was familial, and in 245 it was non-familial.

A cardinal criterion in the clinical diagnosis of trachoma is the eventual neovascularization of the upper fifth of the clear cornea or pannus, however, in 37 per cent. of the type I patients this was absent. In these cases the diagnosis was made by the future progress of the condition, presence of trachoma in other members of the family, occurrence of inclusion bodies in stained preparations of conjunctival epithelial cells, and finally, transmission of experimental trachoma to monkeys following inoculation of conjunctival scrapings. The authors estimate that within a month following infection up to 95 per cent. of patients already exhibit obvious pannus.

Among the complications described by the authors entropion was noted in 12 per cent. of all cases, by far the larger number occurring in the type IV group.

A. F. MacCallan.


The majority of the cases of pulsating exophthalmos are unilateral, usually follow trauma and are the result of communication between the cavernous sinus and the internal carotid artery. Martin
and Mabon describe five cases and review all reported cases. A reminder is given that patients with this pathological condition do not always exhibit pulsation or thrill; a bruit, however, is always present.

A. F. MacCallan.


(3) Dubois and Fischer followed up the work of Kukan in investigating experimentally the effect of low pressure on the eye. They show that the intra-ocular pressure is not increased by Kukan's method, but the extra- and intra-ocular venous pressure is reduced. Furthermore, the low pressure causes an increase in the volume of the globe and a change in the quality of its wall, thus increasing rigidity. Kukan's apparatus is shown to be useful not only for clinical dynamic rigidity determination but also for ophthalmoscopic measurement of the fluid pressure. This also applies to the Lindberg ophthalmodynamometer. Only Wessely's method renders it possible to increase the intra-ocular pressure by low pressure.

Arnold Sorsby.

OBITUARY

Leslie Johnston Paton

The death of Leslie Paton on May 15, 1943, after a long and trying illness is a heavy blow to British, and indeed, to international Ophthalmology. To us of the British Journal of Ophthalmology it comes as a very sad wrench. Our older subscribers will recall the fact that we were barely three months old in the spring of 1917 when Mr. Jessop, who had been the mainspring of our foundation, died. It was a critical time but Lawford and Paton took on the management of our affairs and steered the ship to safety. The fact that we have never looked back since is a tribute to the unselfish work which Paton undertook. He was mainly concerned with our financial affairs. He once disclaimed to the present writers the possession on his part of great financial ability, but there is no doubt that his work put our financial position on a sound basis.

Paton was not one to rush into print on the slightest provocation, and when he produced a paper it was the result of long and careful cogitation. In a sense, this was to be regretted, because at least