this period the patient was given six injections of 0·1 acetylcholine which were followed by abdominal cramps, and for many weeks afterwards she was given 0·05 nicotinic acid, t.i.d., because of its vasodilatory action. Since January 16, 1943, she has been taking thyroid again, one tablet, gr. 1 every second day with additional phenobarbitone, tablet gr. ½, twice daily.

Under the thyroid treatment the condition of the left eye began to improve; the haemorrhages disappeared as did the exudates in the fundus. Intra-ocular tension became normal with only one instillation of pilocarpine daily. Vision increased to 6/18 and she could read J. 4 print. After many months treatment she can now write and read letters, walk alone, recognise friends and bus numbers from a distance.

We do not know whether the condition is now permanently controlled and the patient is therefore under constant supervision. The last examination was on October 1, 1943.

Summary

A case of retinopathy in an apparently healthy woman of 40 years was complicated by increased intra-ocular tension. We assume that thyroid treatment prevented glaucoma from taking a haemorrhagic malignant course which is usually the case and evidently happened in the case of the patient's right eye.

It is our intention, therefore, in cases of retinopathy of unknown nature to take the B.M.R. and blood cholesterol test. If cholesterol is high and/or B.M.R. low, we suggest thyroid treatment. In the opinion of W. F. Duggan, every retinopathy, especially of unknown origin, should be treated by vasodilatory methods.

A CASE OF PRIMARY CHANCRE OF THE BULBAR CONJUNCTIVA

BY

Major C. DEE SHAPLAND

R.A.M.C.

PRIMARY chancre of the conjunctiva is rare. Isolated examples have appeared from time to time in the literature (*vide infra*), a perusal of which would suggest that the eyelids, especially the lower, are less rarely affected than the conjunctiva and that a primary syphilitic lesion of the eye or its appendages is more common on the Continent than in this country. Neither Lt.-Col. A. King, in charge of an Army Venereal Diseases Division, and before the

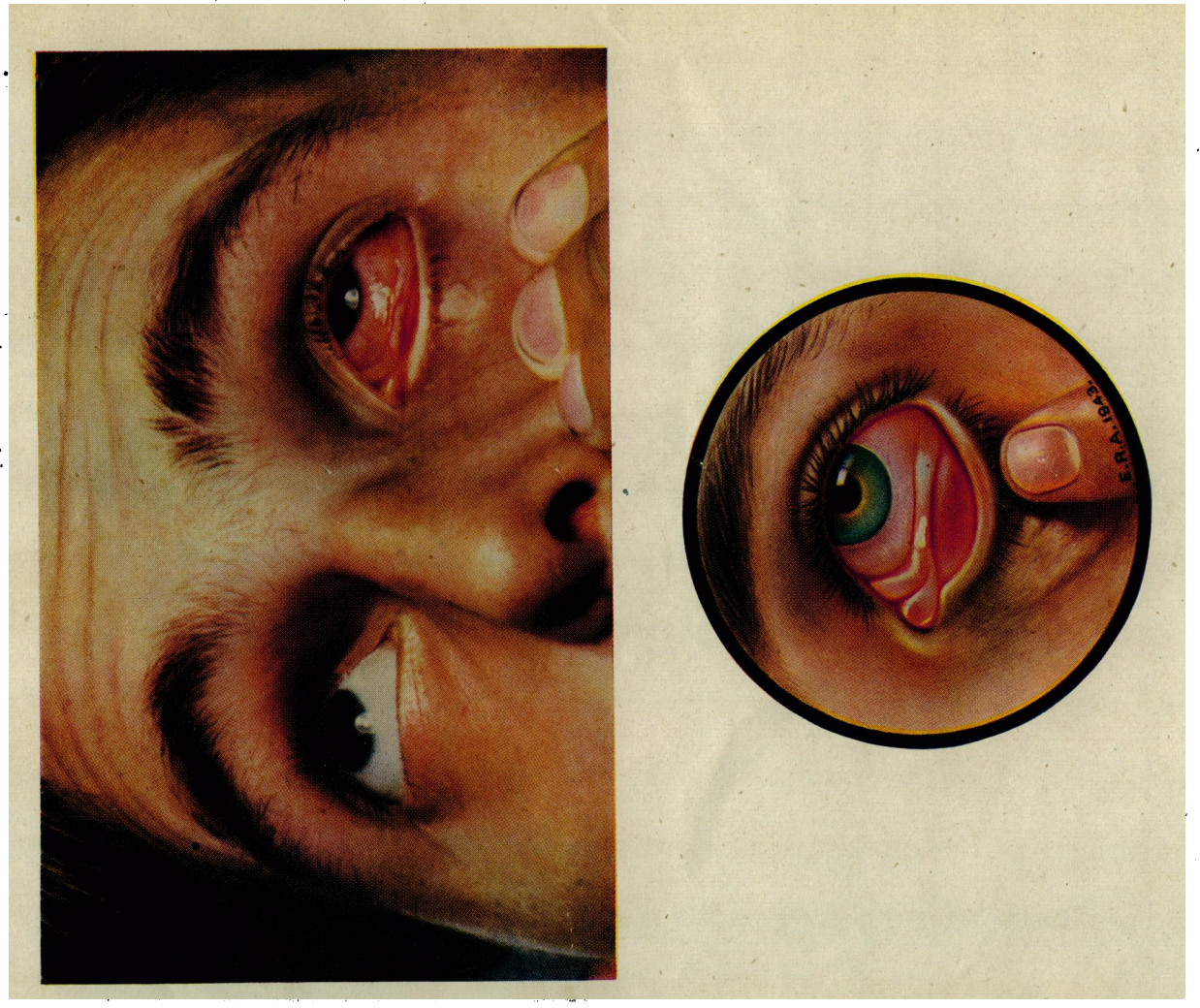
War chief assistant at the Whitechapel Clinic, nor myself at Moorfields Eye Hospital had seen an example, so it would appear that this case is worthy of placing on record.

E. M., aged 20 years, of the R.M. Division, attended the Ophthalmic Department on May 12, 1943, on account of inflammation of, and slight discharge from, the left eye for the previous ten days. He had had no previous eye trouble. The patient, a well-developed young man, showed slight oedema of both lids of the left eye, the plica semi-lunaris and caruncle of which were unduly evident in the area exposed in the palpebral fissure which was somewhat narrowed by the oedema. Swellings in the left parotid and sub-maxillary regions were visible and due to enlargement, firm and discrete, of the lymphatic glands in those situations.

An indurated band of cartilaginous consistence was palpable through the lower lid and sprung into view with ease on its eversion. This band was then seen to be directly continuous with the lower end of the enlarged and oedematous plica, and laterally became lost on the bulbar conjunctiva infero-temporally. On it at the junction of its inner and middle thirds was a small greyish-white ulcer, some 4 mm. long by 1½ mm. broad with well defined sharp edges and grey sloughing base. The bulbar conjunctiva was slightly chemotic and showed a cyanotic tinge. There was practically no discharge. The cornea was bright and showed no stain with fluorescein; the media of the eye were clear and fundus normal. Visual acuity was 6/9 pt. unaided.

The diagnosis of primary chancre of the conjunctiva was confirmed on May 14, 1943, by a specimen of serum from the ulcer being positive to a dark field examination for the treponema pallidum. Blood for a Wassermann taken the day previously was weakly positive as also was a Kahnn reaction. Exposure to infection on two occasions with the same consort, ten days and also four months previously, was admitted. On May 14, 1943, the patient was given 0·04 gm. mapharside intravenously and bismostab 0·2 gm. intramuscularly, thereafter he received 0·06 gm. mapharside twice weekly and the bismostab injections once weekly until July 2, 1943, when he was transferred to North Wales. By this time he had received a total of 0·88 gm. mapharside and 1·9 gm. of bismostab.

Discharge from the left eye had ceased by the third day after the first injections on May 14, and the ulcer had completely disappeared by the seventh day. The indurated band in the lower fornix, however, remained practically unchanged for two weeks both in appearance and consistence, but then gradually retrogressed and a month later was no longer palpable through the lower lid but was still visible on its eversion. Recognisable enlargement of the pre-auricular gland had disappeared a fortnight after the first injection and that of the sub-maxillary group a week later, these glands



remained palpable, however, up to the time of his discharge from hospital on July 2. By this time the left eye had returned to normal except for a somewhat thickened plica at the lower extremity of which the remains of the indurated band curving into the lower fornix was still just visible.

The colour photo was taken on May 14, 1943, whilst the drawing was made on the following day, twenty-four hours after the first injections; even by then the ulcer had appreciably retrogressed.

I am indebted to Lt.-Col. A. King for the details of the anti-syphilitic treatment given to this patient and for the dark field examination.

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