ABSTRACTS

I.—MISCELLANEOUS

- (1) **Snell, A. C. (Baltimore).—Perforating ocular injuries.**—*Amer. Jl. Ophthal.*, Vol. XXVIII, p. 263, 1945.

(1) **Snell** gives an analysis of 172 cases of perforating ocular injuries. He finds that recovery is unfavourable in (1) injuries by blunt objects; (2) through and through wounds of the globe; (3) severe degree of prolapse of intra-ocular contents; (4) severe intra-ocular haemorrhage. He comments that recovery is not consistently influenced by either the length of the laceration or its location; by injury to the lens; iris prolapse and lesser degrees of haemorrhage. The incidence of sympathetic ophthalmia in these cases is 1.45 per cent.

The author found that in the repair of corneal wounds either the conjunctival flap or direct corneal sutures appeared to be about equally effective.

H. B. STALLARD.

- (2) **Wetzel, T. O. (Lansing, Michigan).—Dacryocystitis: the part played by syphilis in its etiology.** *Amer. Jl. Ophthal.*, Vol. XXVIII, p. 511, 1945.

(2) **Wetzel** comments that syphilis should be considered as an aetiological factor in dacryocystitis. Hitherto it has been regarded as a rarity. He describes two cases which he treated successfully by anti-luetic methods. One of these required dacryocystorhinotomy at a later date. The literature records cases of primary syphilitic lesions in the lacrimal sac and syphilitic periostitis in the bones adjacent to the naso-lacrimal duct, and in the nose.

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- (3) **Small, F. M., Major, R.A.M.C.—Retained intraventricular foreign body.** *Brit. Jl. Surgery*, Vol. XXXII, No. 127, pp. 414-418, January, 1945.

(3) **Small** records a case in which a foreign body entered the skull by traversing the left orbit and finally migrated to the occipital horn.

A patient received an injury by a pistol bullet which passed through the left side of the hard palate, the maxilla and maxillary antrum, the left orbit, part of the left frontal sinus, and then through the left frontal lobe.

Radiography showed that the bullet was lying on the supraorbital plate and that it was mobile. At operation two days later the bullet could not be found, and after a radiological examination on

the table it was seen to have fallen into the ventricle and back into the occipital horn. Penicillin was injected into the track: fascia lata grafts sewn in place, the left eye removed and the wound closed.

Seven weeks later a cisternal encephalogram showed that the bullet was resting in the occipital lobe itself and still slightly mobile. To ophthalmologists it is interesting to note that at no time was the central or peripheral vision of the right eye impaired.

B. W. RYCROFT.

- (4) **Neff, E. Eugene (Madison, Wisconsin).—Factors affecting haemorrhage following extractions of cataracts.** *Arch. of Ophthalm.*, Vol. XXXIII, No. 3, p. 192, March, 1945.

(4) There is a considerable literature on this subject, and before describing his own painstaking work, **Neff** gives a useful resumé of it, from which the following points emerge. A "constitutional moment" exists for the eye between the third and sixth day when it is particularly liable to develop haemorrhage from external pressure, and trauma is thus the commonest single cause of post-operative bleeding. This observation was supported by two observers carrying out a series of forty operations on private patients without a single haemorrhage, after tenotomy of the orbicularis has been performed. In a second series of fifty-two infirm patients, however, nine haemorrhages were noted. Somewhat conflicting statements were made as to the importance of other factors, and it was to resolve these conflicts that the author's work was done. He investigated ninety-eight patients on whom a total of two hundred and five operations had been performed, and his findings were as follows:—The greatest frequency of haemorrhage was in intracapsular extractions combined with iridectomy, the percentage being 20.6 as compared with 7.6 when a preliminary iridectomy had been performed. The total incidence of hyphaema for the whole series was 11.2 per cent., trauma being instrumental in 48 per cent. of them. Males seem more likely than females to have traumatic episodes, since 80 per cent. of those who bled after trauma were men. Post-operative haemorrhage seems to have little relation to blood pressure until one compares the traumatic and non-traumatic groups when it is found that hypertensives are more likely to bleed without the added tension produced by trauma. A low platelet count predisposed to haemorrhage, as did a high haemoglobin level. The tourniquet test for capillary fragility gave some useful information. In the group of patients with two or fewer petechiae there were forty who did not bleed and eight who did, of whom six had trauma, while of fifteen with seven or more petechiae, six had post-operative bleeding, and in only two was trauma a factor. Coagulation time, and a past history of bleeding were unimportant factors.

In his summary the author suggests that preliminary iridectomy should be done whenever possible, and states that the most significant findings in the non-traumatic hyphaemas were high systolic and diastolic blood pressures, low platelet counts, low and high amounts of haemoglobin, capillary fragility, and increased blood coagulation times.

F. A. W-N.

- (5) **Boshoff, P. H. (Johannesburg).—Blindness and diseases of the eye in South Africa.** *South African Med. Jl.*, Vol. XIX, p. 148, 1945.

(5) **Boshoff's** paper gives statistics of the blind Europeans in South Africa per 100,000 persons, which in 1908, 1911 and 1936 was 81·24, 76·47 and 81·06 respectively. His researches among the native population in the districts of Mafeking, Zeerust, Marico and Rustenburg lead him to suppose that the incidence of native blind is 1,800 in 100,000.

He emphasizes the need for constructive work to be done in the way of establishing clinics for the prevention of blindness, the treatment of eye diseases and research. He believes that in this way the wastage of money in pensions could be reduced to a fraction of its present figure.

H. B. STALLARD.

II.—CONJUNCTIVITIS

- (1) **Julianelle, L. A. and Smith, J. E. (Saint Louis and Rolla, Missouri).—A statistical analysis of clinical trachoma.** *Amer. Jl. Ophthal.*, Vol. XXVI, p. 158, 1943.

(1) **Julianelle and Smith** have analysed 1,000 patients suffering from trachoma. Type I, 146 patients; type II, 364; type III, 326; and type IV, 164. 448 had received previous treatment and 552 had not. The figures indicate that with succession in type the need for repeated courses of treatment is more frequent. The source of infection was not determined in 387 cases; in 368, 60 per cent.; of the remainder the disease was contracted through the family. Pannus was not present in 37 per cent. of the patients in type I; in the others it was increasingly severe with the successive types.

Corneal scars were evident in 45 per cent. of all patients, types III and IV being most heavily affected. Corneal ulcers occurred in 10 per cent. Entropion requiring surgical correction was present in 12 per cent. with more than half the patients of type IV so affected. Only 1 per cent. of the patients in this series were totally blind.

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- (2) **Julianelle, L. A. (Saint Louis).—Studies on the infectivity of trachoma.** *Amer. Jl. Ophthal.*, Vol. XXVI, p. 378, 1943.

(2) **Julianelle** records the attempts to adsorb trachomatous virus on bacterial cells in order to render it agglutinable by antisera obtained from patients, experimentally infected monkeys and rabbits. Other trials to show serological reactivity by fixation of combined antigen-antibody on collodion particles were likewise unsuccessful. These observations suggest that such sera are devoid of anti-viral antibodies.

H. B. STALLARD.

- (3) **Berliner, M. L. (New York).—Epidemic kerato-conjunctivitis.** *Amer. Jl. Ophthal.*, Vol. XXVI, p. 50, 1943.

(3) **Berliner** describes the clinical features of an epidemic of kerato-conjunctivitis which occurred in the West of America in the autumn of 1941. The disease had a sudden onset with pain, like a foreign body in the eye, excessive lacrimation and marked oedema. On the second or third day the pre-auricular lymph node became enlarged and this subsided in a week.

Dirty grey membrane may form on the conjunctiva, removal of which leaves bleeding points. In 50 per cent. the other eye became infected within the first week. At the end of the second or third week the acute symptoms abate leaving a residual folliculosis which may continue for 4 to 8 weeks. Small discrete greyish infiltrates appear in the pupillary area of the cornea, the lesion being in the basal cell layer and Bowman's membrane.

Bacteriological studies have so far proved negative. A virus infection is suspected. The only therapeutic measure of any value to-date is local irrigations with a weak solution of sodium bicarbonate and the application of cold compresses. After the acute symptoms subsided dionine was used for the treatment of corneal opacities.

H. B. STALLARD.

- (4) **Arnold, R. and Whildin, T. (Durham, North Carolina).—Rhinosporidiosis.** *Amer. Jl. Ophthal.*, Vol. XXV, p. 1227, 1942.

(4) **Arnold and Whildin** describe a case of rhinosporidiosis of the conjunctiva in a boy, aged 8 years, who had not been in contact with cattle and horses. The lesion was situated in the lower fornix of the right eye. It was polypoid in appearance, pedunculated, lobulated, reddish with yellowish white spots, and was painless.

Histological examination showed sporangia embedded in granulation tissue, some were filled with endospores and others were empty. In places where the sporangium capsule had ruptured there was an acute inflammatory reaction around the endospores and giant-cell formation.

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