

These and such-like technical aspects influence the proportion of cures. Perforation of the eyeball in the course of operation of the retinal detachment deserves special study, and the value of the adhesive episcleral reaction to be more widely known.

Summary

The various procedures used in the operative treatment of retinal detachment aim at promoting adhesive choroiditis at the retinal tear. Based on experimental and clinical observations, and especially on operative results, the author believes that, apart from adhesive choroiditis, it is necessary to create an adhesive episcleral reaction, the importance of which is paramount, because it affords particularly firm attachments which militate against relapses.

An adhesive episcleral reaction takes place irrespective of the method of perforation provided the perforation is complete. The episcleral tissue proliferates actively, progresses in depth and becomes firmly attached to the retina. The author describes an operative procedure which gives a satisfactory adhesive episcleral reaction.

REFERENCES

1. WEEKERS, L.—*Arch. d'Ophthalm.*, Vol. XXXIX, p. 583. 1922.
2. ————*Arch. d'Ophthalm.*, Vol. LII, p. 636. 1935.
3. ————*Arch. d'Ophthalm.*, Vol. II, p. 193. 1939.
4. WEVE, H. J. M.—In *Modern Trends in Ophthalmology*, ed. F. Ridley and A. Sorsby, London, Butterworth, p. 553. 1940.

SULPHAPYRIDINE-RESISTANT KOCH-WEEKS CONJUNCTIVITIS*

BY

H. J. STERN
(MAJOR, R.A.M.C.)

IN *The Lancet* of May 26, 1945, I published with B. Miterstein a report on the outstanding results obtained with sulphapyridine by mouth in Koch-Weeks conjunctivitis. Three grammes of sulphapyridine daily in adults and correspondingly less in children, without any local treatment, clears up the conjunctivitis completely in so short a time that the hitherto used treatment with silver nitrate seemed slow and antiquated in comparison.

* Received for publication, July 12, 1946.

In the above quoted paper we wrote :

This treatment always gives prompt results. The swelling of the lids and the blepharospasm disappear on the second day and the abundant discharge abates; the eyes can be opened, the pain has subsided, and the patients report that sleep is again possible. Next day the discharge has sometimes stopped altogether, and the lids are normal, though the conjunctiva still shows some swelling and redness. This is a critical stage, since the patients are apt to discontinue treatment because they no longer feel any discomfort; but if treatment is stopped at this stage, the conjunctivitis often recurs, and sometimes takes weeks to cure.

The treatment outlined above has never disappointed. Its efficacy has been confirmed by Bland and Wilson (*British Journal of Ophthalmology* Vol. 29, No. 7, June, 1945) and others. Bland and Wilson came to the conclusion that two doses of 1.25 grammes given on two consecutive days are sufficient to cure all cases of Koch-Weeks conjunctivitis with very rare exceptions. This is certainly the case; and all the same it seems essential to continue treatment for 2 or 3 more days in decreasing doses to prevent relapses and, what is more important, to prevent the creation of sulphapyridine-resistant stains.

In our first publication we had shown that relapses after insufficient treatment do not respond to a second course of sulphapyridine, and a series of particular cases observed lately seems to confirm the reality of this danger.

During the past four years I had occasion to see a considerable number of East African negroes in military hospitals in the Middle East. The result of the treatment of Koch-Weeks conjunctivitis in these patients with sulphapyridine has been so disappointing in almost all cases that it had to be given up and the old-fashioned silver nitrate reinstated. This was all the more disappointing because Koch-Weeks conjunctivitis takes usually a particularly severe form in these Africans. Profuse muco-purulent discharge, marked chemosis and quite frequently the formation of extensive membranes make the clinical picture rather alarming. The disease takes, fortunately, however, always a benign course. All cases recovered entirely without complications.

It seems that this failure of sulphapyridine in East Africans can be explained with the existence of a sulpha-fast strain of the Koch-Weeks bacillus amongst these people. It seems, moreover, the only possible explanation as no case is known of individual or racial non-response to sulphanilamides in infection with organisms known to be sensitive to these drugs.

There exists a parallel in gonorrhoea of East Africans. This

disease, rampant in their homeland and relatively frequent in African troops in the Middle East, fails frequently to respond to routine sulphapyridine treatment. The reason for this seems to be that sulphapyridine-resistant strains have been developed amongst these people. The sale of sulpha-drugs is unrestricted in East Africa, and probably every sufferer from gonorrhoea has tried once or twice to cure his disease with the famous M. & B. 693. The outcome of this enlightenment of the African negro is, of course, that not only he fails to cure his gonorrhoea because of insufficient treatment, but also makes this task more difficult for the V.D. specialist whom he consults sooner or later. A similar state of affairs has been reported from French North Africa.

The possibility suggests itself of sulphapyridine-resistant strains of Koch-Weeks bacilli being harboured by carriers who themselves have only a mild chronic conjunctivitis but are in a position to infect others with it. This infection with a sulphapyridine-resistant strain would explain the failure of the otherwise most reliable treatment with sulphapyridine.

It might be possible to prove this hypothesis with bacteriological tests. The conditions in an isolated military hospital make this unfortunately, impossible. Ophthalmologists in a most favourable position might have the opportunity to do so if they come across similar cases.

POSTERIOR UVEITIS IN A CASE OF SARCOIDOSIS*

BY

FRANK R. NEUBERT

LONDON

A considerable literature on the syndrome of uveo-parotid fever, originally described by Heerfordt, emphasises the frequent occurrence of this disease, the widespread nature of its manifestations, an apparent difficulty in the diagnosis of some cases, and a certain lack of agreement among those writers who endeavour to designate the responsible agent.

A bacillus, allied to that of tubercle, is usually indicted, which shows a predilection for certain tissues of which the uvea, parotid gland, lung, skin and intestinal canal, appear to be sites of election.

The case under consideration is of exceptional interest in-as-much as the abdominal picture is probably unique and I am unable to find any published report of a similar condition in the eye.

* Received for publication, September 9, 1946.