

ABSTRACTS

GLAUCOMA

Meyer, Otto (New York).—The primary cause of glaucoma. *The Eye, Ear, Nose and Throat Monthly*, December, 1945.

Meyer postulates a condition of chronic phlebitis of the jugular vein or veins as having great influence in causing primary glaucoma. He has found chronic jugular phlebitis in all cases of primary glaucoma which have come under his observation. The jugular veins, if inflamed, are sensitive to pressure and show induration. The condition is nearly always secondary to a focus of infection in the oral cavity, either dead teeth or diseased tonsils. Even a remnant of infected tonsillar tissue may remain deep to the scar left by removal of the tonsil.

In the matter of treatment, teeth and tonsils must receive attention and the best treatment for the jugular condition is the application of three or four leeches over the vein. Bleeding should be encouraged for six to eight hours. This treatment to the jugulars can be repeated at fortnightly intervals if needful, until the vein is normal and not sensitive to deep palpation.

R.R.J.

CORRESPONDENCE

LOCALISATION OF INTRA-OCULAR FOREIGN BODIES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—During the last 18 months there have been a number of articles in the Journal discussing the localisation of intra-ocular F. B.'s preparatory to their removal. Whatever may be the best method in an ophthalmic hospital, it was obvious that methods such as Sweet's were out of question under service conditions. Being in charge of a Base Ophthalmic Wing during the greater part of the Italian campaign, I soon realized that any practicable method had to be one in which the actual radiology could be done, as shortly and simply as possible, by non-medical staff, the interpretation of the films being done by the ophthalmic surgeon himself. This ruled out McReynold's method, which I believe was little used in the Italian theatre although the apparatus was an issue to ophthalmic units. I found the limbal ring method by far the most accurate, Skeoch's equatorial ring giving at the best only an approximation. Accuracy in localisation became increasingly important as one's preference changed, with increasing experience of the F. B.'s met with, progressively and decidedly from the anterior to the posterior route.

The one objection to the limbal ring was the time taken for what was practically a minor operation—I found nothing short of 4 sutures really kept the ring in place concentric with the cornea.

One also had to wait for the patient's return from the X-ray room to remove it. Comburg's lens seemed the obvious solution, but I was only able to obtain one, privately, when I was later posted to Austria. Practical experience with it has convinced me that it has all the desiderata of great accuracy and extreme simplicity in use. I might add that I found the Comburg lens used as routine localising method at the University ophthalmic clinics of Graz and Vienna, and that it was the method used by the German medical service during the war.

The original Comburg contact lens was made in glass by Zeiss; their products being now unobtainable, Dixey's have at my suggestion produced them here, but in perspex, thus removing the one objection of fragility. Insertion and removal can now be safely left to a sister or house surgeon without undue rise of the surgeon's blood pressure. The specimen I saw was beautifully finished and compared very favourably with Zeiss's; the opaque markers are smaller and rivetted to the perspex, and can therefore not fall out in time. For sterilisation (heat being of course out of question, Cetavlon (of Imperial Chemicals) is advised. In the lateral view) to get the longest possible base line for finding the centre of the globe, two of the markers should be in the vertical meridian. To simplify the insertion in this respect, the makers are now attempting to make the opaque marker in the form of a limbal ring instead of the 4 separate dots.

Yours faithfully,

BERNARD GLUCK.

6, WINDSOR PLACE, CARDIFF
June 3, 1946

OBITUARY

JOHN O. W. BLAND

BLAND joined the staff of the Memorial Ophthalmic Hospital in Egypt as pathologist on October 5, 1938, from the Pathological Department of St. Bartholomew's Hospital, London. He resigned on account of ill health in the summer of 1945 and died after a long illness on May 11, 1946. He was educated at the University of Cambridge and at St. George's Hospital, and followed F. H. Stewart as pathologist at the Memorial Ophthalmic Laboratory. Their work was done in close conjunction with the former Director of the Laboratory, R. P. Wilson.

He carried out interesting and important research in the aetiology of trachoma which he reported in the *Journal of Pathology and Bacteriology*, Vol. LVI, No. 2, 1944, and in the *British Journal of Ophthalmology*, August, 1945. He showed the difficulties in the way of animal experimentation when he reported the occurrence of a spontaneous folliculosis in grivet and vervet monkeys which was frequently indistinguishable from inoculated trachoma and sufficiently