

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

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## 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

common to render both species unsuitable for trachoma investigation. Baboons also of the species *Papio hamadryas* were found sometimes to develop spontaneous folliculosis.

When monkeys are inoculated with human trachoma containing virus bodies inclusion and a folliculosis develops, but no inclusions can be found. When material from the infected monkey is inoculated into the conjunctiva of a non-trachomatous man the clinical signs of trachoma develop and scrapings of the conjunctiva are found to contain virus inclusions. This seemed inexplicable to Bland unless it is to be supposed that the virus element in the trachomatous monkey assumes another form.

There has been expert controversy as to the exact biological status of the trachoma virus. Bland considered that it stands in an intermediate position between the rickettsiae and the large viruses, such as psittacosis, and may possibly form a link between them. He preferred to group them with the viruses but to give them a distinctive position as the "basophilic viruses" on account of the blue staining of their initial bodies and of the matrix of their inclusions which distinguishes them from the larger typical viruses which do not possess blue initial bodies and whose inclusions are acidophilic.

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## NOTES

**Looking Up!** THIS is the title of the thirty-first Annual Report of the National Society for the Prevention of Blindness Inc., 1945. A short preface by the President, Mason M. Bigelow, states that the year covered by this report marks a transition from activities dominated by war to those inspired by peace. The Society's programme is under reevaluation and a new committee has been set up to study the Society's current activities and aims and to prepare a comprehensive survey of the fields in which it can most effectually operate.

The report gives brief resumé of work done during the year on such subjects as eyes in industry, glaucoma, the partially seeing child, medical social service in eye work and vocational rehabilitation of the partially sighted. In spite of war-time conditions with restrictions on travelling and a diminished personnel the Society has managed to maintain its work in industrial, medical, social, educational and nursing aspects of sight-saving. We offer our hearty congratulations. For more than a generation the Society has been doing magnificent work in the States on sight-saving, and the results are bound to have effects on similar movements all over the world.

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**The Treacher Collins Prize Essay** THE Council of the Ophthalmological Society of the United Kingdom announces that the subject for the next award of the Treacher Collins Prize Essay is "Nutritional Eye Disease." Essays should be submitted to the Hon. Secretary of the Society before December 31, 1947, which is the closing date for their receipt.