CORRESPONDENCE

SCULCO'S TREATMENT

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—Experience of Sculco's method of treating trachoma may be of some interest to ophthalmic surgeons. An abstract of Dr. Sculco's report to the Academy of Medicine, Naples, was published in the Journal of December, 1919. Through the courtesy of the editor of *La Clinique Ophtalmologique*, I was able to get four samples of the remedy from Dr. Sculco. It is a dark green powder which is to be shaken on the conjunctiva daily, kept there for one or two hours and then washed out.

I tried it on three patients in hospital, two well-developed cases, and one recent. One eye in each case was treated with copper sulphate and irrigation and the other with Sculco's remedy for ten to twenty days. The result in each case was that right and left eyes improved to an apparently identical extent, i.e., they were cleaner and less inflamed but the granulations remained unchanged. Pain, chemosis and increased discharge are to be expected in using the remedy but none of these was present in my patients. It may be that the powder had deteriorated on account of the heat.

Yours truly,

P. MCRTCHIE.

BASRAH.

THE ESTIMATION OF REFRACTION WITHOUT A CYCLOPLEGIC

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—At the recent Congress of the Ophthalmological Society of the U.K. the champions of cycloplegic and non-cycloplegic estimation of refraction were in friendly conflict. It was suggested by the champions of the latter method that for the performance of retinoscopy at the macula it is necessary for the surgeon to use his right eye for the patient's right eye, and his left eye for the patient's left eye in order that distant fixation may be obtained. Mr. Harrison Butler went so far as to say, I gathered, that estimation under homatropin might show a lower reading of hypermetropia than does the subjective test at the types without homatropin. I agree whole-heartedly with the statement that owing to differences between the refraction at the macula and at

the other regions close to the macula, it is most important to obtain the macular refraction. But, Sir, is it not the case that if the surgeon dazzles with his mirror the eye which he is examining while the other eye fixes—if it can—a distant point, there is a possibility that there may become manifest any muscle errors which the patient may happen to have, and that the examined eye will deviate, however slightly, and vitiate the results obtained? Apart from all other arguments, there is this to be said for cycloplegic estimation, that the patient without accommodation is able to look at the mirror with the eye under observation, and can yield up his exact static refraction, the necessity for a permanent record of which was so well emphasized by Mr. Ernest Clarke.

Yours, etc.,

ERNEST THOMSON.

FILARIA LOA

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—In answer to your correspondent Dr. E. Charles' enquiry in the July number of the BRITISH JOURNAL OF OPHTHALMOLOGY, he will find in the *Lancet* for 1919, Vol. II, page 874, an account by Dr. E. L. Hunt and myself of a similar case, and on page 946 of the same volume a letter from E. J. Tyrrell reporting another case.

I had no trouble in removing the female worm of a filaria loa, and the chief thing about the patient, in my recollection, was the extreme horror he evinced at his condition. He expressed himself as deeply indebted to me for my assistance; in fact, he did not know how adequately to reward my services. I thought he was speaking metaphorically, but he really meant it, for he made no effort to pay my fee.

Yours truly,

R. R. JAMES.

46, WIMPOLE STREET, W.1,

July 1, 1922.

SCLERO-CORNEAL TREPHINING AND HOLTH'S EXTRALIMBAL TANGENTIAL SCLERECTOMY

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—I regret that I have been so long in replying to Professor Holth's letter, but the delay has been due to my absence from England, and to other causes over which I had little control.