

ANNOTATIONS

Congenital Syphilis

The treatment of congenital syphilis is of great importance to ophthalmic surgeons inasmuch as some of the most serious and crippling manifestations of that disease concern the eye. A recent discussion held by the Medico-Chirurgical Society of Edinburgh, and reported in the *Edinburgh Medical Journal* brought out several important points in the causation, diagnosis and treatment (*Edin. Med. Jl.*, May, 1924). Not that any agreement was reached on the latter point, as, indeed, was hardly to be expected, but the various views brought forward were well debated. The discussion was opened by Mr. David Lees. He expressed a preference for sulpharsenol for intramuscular but not for intravenous use and laid great stress on the necessity for beginning treatment within a few hours of birth. He also dealt with alternative methods of treatment at considerable length. Dr. Leonard Findlay, who followed him, agreed with his main points and expressed the opinion that the prevalence of congenital syphilis, in Glasgow at any rate, had been considerably exaggerated. He considered that arsenical treatment in interstitial keratitis was of little value, an opinion with which some of the other contributors to this most interesting debate did not agree. The discussion is well worth reading.

The Medical Treatment of Cataract

The letter which we publish in this issue from Mr. George Young of Colchester, is timely and of great importance. At the present time the cry of "cataract cured without operation" is much to the fore, and whether the means used consist of drops or ointments inserted into the conjunctival sac or solutions injected under the conjunctiva it behoves ophthalmologists to proceed with caution. We do not for a moment suppose that anyone of standing in the profession, save, of course, the therapeutic crank, will be led away by this cry. It is notorious that when changes are developing in the lens the vision may vary almost from week to week. We have always held that it is inadvisable to mention the word cataract to any patient whose visual acuity is normal or nearly normal, no matter what the condition of the lens may be, and we feel that there are few patients, in this country at any rate, who will embark upon a cure for anything without first understanding what that something is, that is to be cured.

Our knowledge of the causes and pathology of cataract is not yet sufficient to enable us to say for certain how soon striae, which

may be present, will affect the sight. All must have seen cases where lens changes have remained stationary for many years without affecting the vision to any appreciable extent. For the purpose of an accurate record a bare statement of the visual acuity on different dates is of little value unless accompanied by diagrams showing the presence and extent of the changes in the lens. We have watched for some years the case of a hospital patient who has used drops of iodide of potassium for changes in the lenses and have satisfied ourselves that the treatment has not been of the slightest service. We are frankly sceptical about the value of the medical treatment of cataract and will conclude by reminding our readers of Swift's humorous exposure of the South Sea Bubble :

“ A shilling in the bath you fling,
The silver takes a nobler hue
By magic virtue in the spring,
And seems a guinea to your view.
But, as a guinea will not pass
At market for a farthing more,
Shown through a multiplying glass,
Than what it always did before :
So cast it in the Southern Seas,
And view it through a jobber's bill,
Put on what spectacles you please,
Your guinea's but a guinea still.”

ABSTRACTS

I.—LACRYMAL SAC

- (1) Rollet and Bussy (Lyons).—Researches into the pathological anatomy of one hundred cases of dacryocystitis, with removal of the lacrymal sac and duct. (*Recherches anatomopathologiques sur cent cas de dacryocystites avec extraction du sac et canal.*) *Arch. d'Ophtal.*, June, 1923.

(1) The material which forms the basis of this paper consisted of 100 cases of dacryocystitis in which the lacrymal sac and nasal duct were removed in one piece, drawn, photographed and cut in serial section. The dimensions and shape of the sac and duct are given in each case. An attempt was made to identify the various valves in the lacrymal passages described by many of the earlier