The articles in this issue of Pediatric Annals focus on common ocular problems that usually present initially to the child’s primary care provider. Pediatricians and other primary care providers are typically the ones who need to recognize the child with strabismus, cataract, amblyopia, and leukocoria for referral for ophthalmologic care. In addition, acute conjunctivitis may be viral or bacterial, and there are a number of therapeutic options.

These topics are all covered well in the articles in this issue. Assessment of the normal red reflex, the normal corneal light reflex, and normal cover tests are all important in screening for significant ocular abnormalities, some with very important long-term consequences.

With respect to conjunctivitis, I would be remiss if I did not take this opportunity to suggest that Kawasaki disease should be considered in the child who presents with some days of fever and bilateral injected bulbar conjunctivae without exudate or drainage from the eyes. This presentation is one of the most consistent findings in Kawasaki disease and should prompt a careful search (by history and physical exam) for other classic Kawasaki disease symptoms or signs.

Should there be enough other features to prompt concern about the possibly of a complete or an incomplete (or atypical) case of Kawasaki disease, laboratory studies, including C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR), can be very valuable.
I refer readers to the landmark report of the American Heart Association (AHA) group interested in Kawasaki disease, which is also endorsed by the American Academy of Pediatrics (AAP), to provide guidance regarding diagnosis and treatment of Kawasaki disease.1

To illustrate this column and this issue devoted to eye disease, I have selected another of the dozens of stamps issued in 2009 in honor of Louis Braille’s 200th birthday. In July 2009, we published four Braille stamps (from France, Cyprus, Algeria, and Wallis et Futuna), and the blue-gray and white stamp from Vatican City (see page 59). You won’t be able to appreciate it here, but like many others, it actually has raised dots that are, of course, the basis of the reading system that Braille developed for the blind. Braille’s body was moved to the Pantheon in Paris in 1952, 100 years after his death.

The other three stamps are related to what was the world’s second most common infection that can lead to blindness, oncocerciasis, or river blindness, or Robles’ disease, second only to trachoma.

The tan-yellow airmail stamp from Guatemala was issued in 1962 to honor Dr. Rodrigo Robles (1878-1939), a Guatemalan physician and philanthropist who was the first to discover that river blindness is caused by a filarial nematode (*Onchocerca volvulus*) that is transmitted to humans through the bite of *Simulium* flies (black flies).

Robles studied at the Sorbonne in Paris and then carried out his research at the Pasteur Institute in Paris, ultimately becoming honored as a Grand Officer of the French Legion of Honor. More recent research has revealed that a bacterium, *Wolbachia pipiens*, that lives symbiotically within the nematode is released when the larval onchocera dies. It is *Wolbachia* that actually stimulates the intense inflammation that can lead to severe corneal opacification.

The blue and yellow stamp from Haute-Volta (Upper Volta in French West Africa, now called Burkina Faso) was issued in 1971 and depicts the black fly (in the circle), workers in a boat spraying insecticide into a river (at left), and walking blind individuals being led. The green Ghana stamp from 1976 (see page 59) shows a patient undergoing an eye examination looking for intraocular oncocerca larvae.

Great progress has been made in controlling this disease in Sub-Saharan Africa and Central and South America by treating populations with the larvicide ivermectin, doxycycline (which kills *Wolbachia*), and by larvicide spraying of rapidly flowing rivers to control black fly populations, with very substantial reduction in new diagnoses of oncocerciasis.

**REFERENCE**