A HUNDRED AND FIFTY YEARS AGO

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EYE SEQUELAE OF SMALL-POX

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THE PRESENT EPIDEMIC has brought under my notice a considerable number of cases of superficial conjunctivitis, and a few of severe keratitis, associated with the lowered vitality following small-pox. Here are two such cases.

Vascular ulcer of cornea treated by the seton in the temple
Rosina T., aged ten years, has never been vaccinated. Her four sisters, who had been vaccinated, did not take the small-pox when she had it three months ago.

"Her brother, a seaman, had small-pox when he was four years of age; he had not been vaccinated. A brother-in-law had small-pox three months ago – i.e. at the same time as Rosina T. and died of it. He was said to have been 'stone-blind' three days before he died"

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An opaque greyish-white patch occupied the upper and outer part of the cornea, entirely covering the pupil, and being connected with the conjunctiva below by a broad band of blood vessels.

At the line of junction of this vascular tract with the opaque patch on the cornea, a semicircular excavation marked the ulcerating process. The sclerotic all round the cornea was highly vascular, and the cornea slightly dull at the parts adjacent to the ulcer.

There was very slight intolerance of light, and no pain. Atropinized oil was used for three weeks, as drops, and as an external application to the eyelids and brow and temple, but with no perceptible improvement in the symptoms. Tonics at the same time were given, and the eye kept excluded from light. The ulcer, however, spread, the opacity increased in extent and the photophobia in intensity, and on February 23rd a seton in the right temple was passed.

March 2nd. The ulcer is healing and the vascular bundle has much diminished in size and depth of colour. The surrounding cornea is clearer, and the photophobia diminished.

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This case is still under treatment, and it cannot therefore be predicted what amount of sight will be left after the healing of the ulcer which may be confidently anticipated; but the case illustrates well the protracted nature of keratitis following small-pox; and the family history is extremely interesting as a proof of the danger of neglecting vaccination and of the protective qualities of the operation, should any further proof be wanting of so well-established a fact in therapeutics.

Leucoma and anterior synechia after small-pox: iridectomy with improvement of vision
J.D. a boy of eight, in feeble health, and deeply marked by small-pox, was attacked by the latter three years ago, and the eye was subsequently much inflamed.

The right eye three years after had a central dense opacity quite overlapping the pupil, and the lower half or two-thirds of this was of a dark purplish colour, from a portion of prolapsed iris which there showed itself, and which was closely adherent and incorporated with the cicatrix tissue around, but which had no tendency to staphylomatous protrusion. The iris was also adherent at several points above the prolapsed portion, and vision was limited to the mere perception of large moving objects.

On April 8th, bichloride of methylene having been first adminstered by Dr Wharton Hood, a small iridectomy was made towards the nasal side of the cornea.

The result of the operation was all that could be wished; and on the 1st of June the boy could read No. 1 of Jaeger's test-types.

On inquiry as to whether this boy had been vaccinated, I was answered at first in the negative, but afterwards in a *doubtful* affirmative.

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