

2nd. An abnormal condition of dura mater. Bromide useless.

3rd. Due to irritation of the anterior pillars of the spinal marrow. Ether spray best for this.

4th. Lesions of different parts of the brain or cord. Of course the difficulty is to be sure of the cause.

## *Progress of Science.*

### PHLYCTENULAR DISEASE OF THE EYES.\*

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The affection to which I desire to call your attention to-day is characterized by the eruption of vesicles or pustules on the conjunctiva or cornea, and often attended by much apparent photophobia. It is one with which you are doubtless all more or less familiar under some of the many names given to it. Phlyctenular, pustular, scrofulous, lymphatic ophthalmia, conjunctivitis or keratitis; herpes or eczema of conjunctiva or cornea; fascicular keratitis; ulcer of the cornea,—such are some of the designations it has received,

The extended statistics collected by Cohn show that affections of the conjunctiva and cornea make up half the sum of eye disease. Horner found the same to be true as regards children alone, with this difference, that whereas when all ages are considered, the conjunctival affections outnumber much those of the cornea, with children the proportion is reversed; in them the cornea being implicated in 27.2 per cent., the conjunctiva in 21.7 per cent. of all cases. Moreover, according to Horner, phlyctenular conjunctivitis and keratitis comprise more than half of the disease of these membranes in the child. Arlt also says this is without question the most frequent of inflammations of the eye.

The very frequency of its occurrence makes its discussion appropriate before an assemblage of general practitioners. But its frequency is by no means the greatest of its claim to our interest. Its habitual obstinacy; its tendency to relapse or recur on the least provocation; the variations in form which it manifests; the fact that its appearance is of itself evidence, almost invariably, if not wholly without exception, of some deterioration or imperfection of the general health; and, finally, the frequent permanent impairment and occasional destruction of sight that it causes, are sufficient reasons for its careful consideration and study. According to Birch-Hirschfeld, six per cent. of the inmates of the blind asylums of Saxony lost their sight from this disease. Such a percentage is undoubtedly higher than would be found in this country. The number made blind by it bears,

however, but a small proportion to the number of those whose sight, in one or both eyes, is more or less seriously and irretrievably injured.

While the vast majority of those afflicted are young children, adults are not wholly exempt, though with them the disease is comparatively rare. In my experience, also, the course is usually mild in adults, even if sometimes prolonged.\* It is in children chiefly that severe forms are seen and disastrous effects produced.

Unfortunately, by the laity the malady is very generally looked upon as a troublesome but innocent accompaniment of teething, safe to take care of itself, and to pass away so soon as the irritation attendant on dentition has subsided, or as a sequela of measles or other exanthem, not specially requiring treatment. In consequence of this opinion the child is only too often made the subject of experiment with "household remedies," or allowed, even aided, to aggravate the disorder by following its own inclinations.

For the physician the understanding of the affection is made somewhat more difficult than need be by the prevailing habit in text-books of treating of eye diseases according to their anatomical situation. There is justification for this method of division, but as a result of it diseases of the conjunctiva and of the cornea are separated more or less widely, and where, as in the present instance, the disease is essentially the same whether its habitat be conjunctiva or cornea, the identity does not always appear with sufficient clearness. Other reasons for confusion are to be found in the multiplicity of titles, some of them implying a relationship with other diseases which does not exist, and in the fact that by some authors certain variations of the diseases have been described under different names and as if distinct affections, by others different affections have been grouped under the same name.

The term herpes applied here is a misnomer. There is no evidence that the eruption has any such special connection with the sensitive nerves as is the case with herpes generally; the lesion of the cornea which may accompany herpes zoster is quite other in character than the phlyctenulæ, and the same is usually at least true when corneal or conjunctival affection is coincident with the ordinary herpes febrilis.

Eczema, on the other hand, is a frequent accompaniment of phlyctenulæ as it is also a common affliction of young children. But a considerable proportion of the eczema observed in this connection is a secondary condition, due to irritation of the skin by overflow of tears and rubbing, or, on the lip and alæ nasi, by the catarrhal flow from the nostrils often present at the same time. The ocular changes do, indeed, resemble in some degree those found in eczema, yet there seem hardly grounds enough for adopting the title of eczema of the conjunctiva and cornea which Horner has proposed.

The main characteristic of the disease is the eruption of vesicles or pustules; these may be

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