RECURRENT ATTACKS OF PHLYCTENULAR CONJUNCTIVITIS SYNCHRONIZING WITH MENSTRUATION

BY

B. N. BHADURI, M.B.

LATE SENIOR HOUSE SURGEON, EYE INFIRMARY, MEDICAL COLLEGE, CALCUTTA

AS no mention of this phenomenon has been recorded in the literature to my knowledge, I feel tempted to note the case in detail.

Mrs. H. G., a Hindu married lady, aged 40 years, with anxious and melancholic look, was examined for eye trouble, the main complaint being dimness of vision, headache, and regular monthly attacks of redness with swelling of the white of the eye associated with watering, lasting from eight to ten days on each occasion. She had also suffered from abdominal colic for the last two years.

Examination.—It was noticed on the first day of examination that she had three regular phlyctens, two on the outer and one in the inner margin of the cornea of both eyes. There was another in the shape of a big swelling (size of a lentil) on the outer side of the limbus a few mm. away from it in the right eye. There was no corneal infiltration and the injection of conjunctival vessels was very marked. The photophobia was not prominent but lacrymation was profuse.

Refraction: R.E. $4/60 + 2.00$ D.sph. = $6/24$.

L.E. $6/18 + 0.25$ D.sph. $\odot + 0.50$ D.cyl. $90^\circ = 6/9$.

No medicine was prescribed, and I was informed that the signs would disappear with the cessation of the menses, which were generally profuse and lasted from eight to ten days.

The next examination was made a fortnight later. The complete subsidence of the conjunctival inflammation in both eyes was noticed. The eyes were then thoroughly homatropinized and examined. R.E. $4/60 + 3.50$ D.sph. = $6/24$. L.E. $6/24 + 1.50$ D.sph. $\odot + 0.50$ D.cyl. $90^\circ = 6/9$.

Fundus oculi: Media clear. No evident pathological lesion could be seen in the disc, vessels, or macula of either eye.

She was again seen during the next menstrual period, when the same phenomenon was observed in the eyes. Two or three phlyctens in each eye with conjunctival injection were noticed, but cornea was clear.

Patient, a highly neurotic lady, had last child-birth about 20 years ago, lived on ordinary diet, had bad teeth and poor digestion with occasional attacks of abdominal colic. She had been wearing glasses for three years. Urine report indicated presence of indican.

The further history of the case showed lessening of the conjunctival congestion with the use of full correction in her glasses, but phlyctens used to appear till the menopause set in two years later.

There was no evident tonsillar trouble, nor any enlargement of cervical glands. Whether the disturbance of the system during the periods, in the presence of some source of infection, might be the cause of the appearance of phlyctens is a matter of opinion, but the fact that they used to disappear with the cessation of flow, and completely disappeared later on with the early onset of menopause, is a singular phenomenon to note.

One might mention here that on a few occasions congestion of the eyes was very slight. It never struck her to look for phlyctens on such occasions in a looking glass. Whether the scanty flow synchronized with that could not be accurately elucidated.

THE CIRCULATION OF THE INTRA-OCULAR FLUIDS

BY

W. STEWART DUKE-ELDER

LONDON

IN his article "On the movement of the intraocular fluid as taught by Theodor Leber" (*Brit. Jl. of Ophthal.*, Vol. XI, p. 236, 1927), Priestley Smith, by agreeing with the essential principle of my views on the circulation of the intra-ocular fluids, has added the weight of his experience as a clinician to my comparative inexperience. Of the Continental writers who have concluded that the aqueous humour is a dialysate, Magitot has definitely committed himself to the assertion that this fluid is stagnant; Hamburger considers that no circulation through the pupil exists, but that a process of cellular interchange ("cellulärer Stoffwechsel") takes place throughout the vascularized tissues of the eye associated predominantly with the iris; and Weiss considers that the question is unproven, but leads one to infer that the existence of a circulation is very questionable. On the other hand, while holding that the aqueous humour is a dialysate, I maintain that a circulation does exist (see pages 9, 77, 89, 106, 108, etc.*), and Priestley Smith agrees with me.

It is only with regard to the cause of the circulation that we differ. Priestley Smith considers that the circulation is a

*The page references throughout refer to pages in my Monograph: "On the Nature of the Intra-ocular Fluids," 1927.