3. *In vitro* experiments with *B. pyocyaneus* to test the possibility that the conflicting results reported by Robson and Scott on the one hand and Klein and Sorsby on the other hand, might be due to varying susceptibility of different strains of the organism to sulphonilamide were negative.

4. It is concluded that there is no valid experimental evidence that local sulphonamide is effective in infections of the outer eye.

We are indebted to Dr. J. Robson for his courteous and ready co-operation.

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A CASE OF INTERSTITIAL KERATITIS AT AN EARLY AGE *

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ALTHOUGH interstitial keratitis is a common condition, the age incidence of the following case seems to make it worth recording. The age preference is for the second half of the first and the second decades of life. Only 6 per cent. of cases occur under 5 years of age (Spicer, 1924), and its appearance as early as in the case described seems to be a rarity.

E. C., a small girl, aged 15 months, was brought to hospital on April 18, 1944, with a history of having had a heavy cold for a period of 6 weeks. During this time the child's eyes had become red and sore, and it had become unable to open them.

On examination, the child was well nourished and developed for its age, though pale. Photophobia and blepharospasm were, at once, obvious. The right eye showed severe circum-corneal injection with characteristic interstitial vascularisation—the Hutchinson "salmon patch." The whole cornea was opaque from oedema and cellular infiltration.

The left eye showed a similar interstitial keratitis of less extent, but associated with visible keratic precipitates. Both pupils were markedly contracted.

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General examination did not reveal any further clinical signs of syphilitic infection, except that the teeth were very poor, and that the child had "snuffles." The maternal Wassermann reaction was positive.

Local and anti-syphilitic treatment were begun, atropine being instilled, and the eyes being cleansed by irrigations every four hours at first, and later, three times daily. The anti-syphilitic treatment was a daily mercurial inunction, and weekly injections of stabilarsan, 0.15 gramme, intramuscularly. The mother has not yet been brought under treatment.

Now, after a period of nearly three months, considerable clearance of the corneae has occurred. The vascularisation has regressed and the circum-corneal injection has disappeared. The right eye shows scarring and a residual central corneal opacity which is diminishing slowly. The left eye is less densely scarred, and the keratic precipitates have completely disappeared. The child is, of course, too young to assess the visual state accurately. I wish to thank Mr. Horace Mather for his kind permission to publish this case.

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ANNOTATIONS

Pains in the head and eye

When called to a patient complaining of pain in the eye it is just as well to remember to examine the neighbouring parts of the head, particularly if examination of the eyeball does not disclose any obvious cause for the pain. A case in point occurred a good many years ago, when the writer was asked to see a very old lady who was more or less bed-ridden and was complaining of sharp neuralgic pain in the left eye. She was more than 80 years of age at the time we saw her. The eye was white, there was no foreign body or ingrowing lash and the tension was not raised. The old lady wore her hair on the forehead in two little rolls which tracked back from a central parting to the region of the ear. On raising the left hand roll the cause of her trouble came into view. She had a plentiful crop of herpetic vesicles which had been completely invisible until the hair was raised. We suggested to her doctor that it was an early case of herpes zoster. This turned out to be correct and the old lady's feeble state of health did not enable her to withstand the attack. She died a few days afterwards.