EPIDEMIC KERATO-CONJUNCTIVITIS IN THE CLYDESIDE AREA*

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FOR the first time since the 1940s, there has been an outbreak of epidemic keratoconjunctivitis in the Clydeside area. Small numbers of cases were seen in November, 1955, in all sections of the community attending the out-patients department of the Glasgow Eye Infirmary. In January, 1956, the number of cases increased to five or six per day, the majority occurring among workers in the shipyards and engineering shops, and, of these, about two-thirds were among workers on the ship itself—shipwrights, platers, riveters, and caulkers. The infection was not confined to metal workers alone, a small number of cases occurring in workers in other industries. Members of the same family were only rarely affected, but there were several cases of cross-infection in the hospital, both in the wards and in the casualty department.

The incubation period appears to be about 10 to 12 days and the duration of the attack usually from 2 to 6 weeks. The clinical appearances consist of a typical follicular conjunctivitis, with preauricular adenitis. Many cases developed superficial punctate keratitis, which was followed, in some, by nummular interstitial opacities which are slow to clear. Both eyes were involved in several cases. Though the patients generally complained of feeling a foreign body in the affected eye, not all gave a definite history of a foreign body or trauma, such as a welder's conjunctivitis, during the incubation period.

As has been the experience in previous outbreaks, treatment with anti-septics and antibiotics appears to have little effect on the course of the condition, though symptomatic relief does appear to be obtained from the use of an ointment.

The causal virus has been grown on tissue culture, and typing by serological methods shows that it belongs to the adenoidal-pharyngeal-conjunctival group of viruses.

As the epidemic is still running its course, a detailed analysis of the figures cannot yet be given, but up to date seven hundred cases have been diagnosed. This annotation is presented at this time to draw the attention to the necessity for strict supervision of ambulance room and casualty department aseptic technique, to avoid the risk of producing cross-infection from droppers, tonometers, and other instruments.

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