Council of British Ophthalmologists

Report on the Institutional Treatment of Interstitial Keratitis

In the Report of the Departmental Committee on the Causes and Prevention of Blindness, 1922, under the heading “Syphilis,” it is stated that the Board of Education furnished a table concerning 1,036 blind children of whom 12.9 per cent. had lost their sight from interstitial keratitis. In an analysis by Mr. Bishop Harman of 1,855 blind children 399 (21.5 per cent.) certain were classed as cases of interstitial keratitis, in 359 of which there was evidence of syphilis.

In Liverpool Mr. Bickerton reported that out of 173 blind adults there were 11 cases of interstitial keratitis.

In Bristol Dr. Fells found amongst 84 blind adults 6 cases of loss of sight from that disease.

Mr. Bishop Harman in an analysis of the causes of blindness in 601 persons of all ages reported 28 cases of interstitial keratitis, 24 of which were due to syphilis.

With regard to the incidence of interstitial keratitis among other eye patients, exact statistics are wanting; but Mr. Holmes Spicer, from such figures as he was able to gather, estimated it at 0.6 per cent., while Mr. Sydney Stephenson put the number at not more than 1 per cent.

Interstitial keratitis is a disease which occurs usually in children the subjects of congenital syphilis. It runs a definite course, the average duration of active inflammatory symptoms lasting four months, whilst the resolution of the disease may be postponed for months or even years. In the course of the affection the vision becomes considerably impaired, owing to the cornea becoming like ground glass. Though up to the present it has been found impossible to cut short an attack, the severity of the symptoms and the amount of sight which is ultimately regained can be largely influenced by local and general treatment. When permanent blindness results from the disease it is usually due to neglect in treatment or the impoverished state of the general health of the patient.

At the present time cases occurring in Poor Law Institutions are transferred to Infirmary in London where there is not the possibility of that open-air treatment which is so essential if the best results are to be obtained.

Cases occurring amongst London County Council School children are mostly treated at the voluntary hospitals. The large majority receive only such treatment as can be given to out-patients, which means that the treatment prescribed for application to the eyes has to be carried out by the patients’ relations or
friends, and that during the course of the attack they remain in their own, often overcrowded, homes receiving inadequate or unsuitable nourishment for such a condition. A few may for a time be admitted as in-patients, but the accommodation available in these institutions does not permit their being kept in during the active stage of the disease.

The great benefit which is derived from fresh air, healthy surroundings and skilfully applied local treatment in corneal affections is seen at the Metropolitan Asylums Board White Oak Ophthalmia School, Swanley. Children admitted there with phlyctenular keratitis, who have been attending for months at an out-patient department without any signs of improvement, rapidly recover in the altered environment.

From time to time medical officers at the Poor Law Infirmary send cases of interstitial keratitis for admission to the White Oak Ophthalmia School, but as at the present time that school is reserved strictly for contagious ophthalmia, they have to be refused admission.

Since the establishment of the Metropolitan Asylums Board Ophthalmia Schools the amount of ophthalmia in the Poor Law Schools has so greatly decreased that the Brentwood School has been entirely handed over for other purposes. At Swanley School, though the main part of the accommodation is still used for ophthalmic cases, one block of twelve cottages containing 72 beds is cut off from the rest of the establishment and utilized for convalescent children not suffering from any eye affection. This block of cottages at Swanley School situated in the grounds of the Ophthalmia School but isolated from the rest of it, and originally constructed for the accommodation of children suffering from eye diseases, would make an excellent department for the institutional treatment of Poor Law and other children suffering from interstitial keratitis.

If so employed there can be little doubt that the amount of impaired sight and blindness from this disease would be materially diminished.

**ANNOTATIONS**

**The use of Synchronously Intermittent Light in Industry**

At the annual meeting of the Illuminating Engineering Society last year a paper was read by Dr. J. F. Crowley on some recent developments in connection with the observation of moving objects made possible by the neon lamp. This lamp consists of a bulb