Mc Dowell (W. J.)

With the Author's Compliments.

OYSTER-SHUCKER'S CORNEITIS.

(Corneitis Ostrearii.)

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By W. J. McDOWELL, M. D.,

Chief of Clinic to Chair of Eye and Ear Diseases University of Maryland; Attending Surgeon to Presbyterian Eye and Ear Hospital, etc., Baltimore.

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I desire, Mr. President and Gentlemen, to ask your attention, for a short time, to the consideration of a trouble that, while exceedingly common, has, I believe, up to this time, escaped observation, if not certainly record.

You all know that the oyster-packing trade of this city has attained to no small dimensions, and that a very large number of our laboring class find employment in the colossal establishments devoted to this interest. Those whom fate has ordained to be "shuckers" suffer no little from their calling; and amongst the troubles to which they are liable is a specific form of ophthalmia, to which I have given the name, "*Oyster-Shucker's Corneitis.*"

The disease in question, its appearance and phenomena, may be thus briefly described. Upon examination, there will be found, at or near the centre of the cornea, a very small and dense pearly opacity of interstitial exudation, about the size of a small pin head, almost perfectly circular in shape, and with a sharply-defined outline. Immediately surround-

ing this, is an area of hazy infiltration about a line or a line and a-half in diameter, which fades out insensibly at its periphery, into clear corneal tissue. Careful observation, however, is here necessary, for the minute, pearl-like central opacity, looks most deceptively like a small fragment of shell imbedded beneath the epithelial layer. Indeed, such was my own mistake in the first few cases of the kind which fell under my observation; and I need not add that my persevering efforts to remove the supposed foreign body with the spud resulted in no good to the patients so treated. Marked circumcorneal scleral injection, photophobia, lachrymation, ciliary neuralgia, etc., are usually associated with this condition, making cessation from labor a necessity—a necessity which the sufferer, in most cases, can illy afford.

The cornea, at the point of the dense central opacity, in the vast majority of cases, takes on ulcerative action; but the ulcer thus formed, rarely spreads to any dangerous extent, either in depth or circumference; although, in a few cases that I have seen, where treatment had been too long deferred, most disastrous results ensued. In these cases, the whole central portion of the cornea, becoming necrotic, broke down, and finally, after a long period, in which inflammatory action ran high, the corneal tissue thus destroyed was replaced with a dense and permanently opaque cicatrix.

Now, this condition, no doubt, has been heretofore regarded as due to traumatism—the statement of the patient, "a piece of shell flew into my eye," being accepted as true. That many cases of traumatic disease of the eye may occur in oyster-shuckers, I would not for a moment dispute, and I believe that to such injuries they are very liable. But there occurs far more often the form of corneitis to which I refer, and which, I believe, is possessed of a specific character.

The appearance of an eye laboring under this disease is so perfectly characteristic, that the condition having been *once* seen and noted by the physician, will ever after be recognized when met with; so that a mistake in the diagnosis, oyster-shucker's corneitis, will be impossible—there being no other disease or injury of the eye with which it could possibly be confounded.

If seen sufficiently early, the disease may be, and usually is, arrested in from three or four days to a week. All of the *acute* symptoms will subside in this time, but the central opacity only very slowly disappears, weeks being always required for the complete resorption of the effused products.

The cause of this peculiar affection, I am disposed to attribute to a *specific toxic element contained in the slime and dirt which coats the oyster shell*, which, getting into the eye, lights up this inflammation; for no trace of traumatism can, by the closest scrutiny, be detected. Certainly, if the trouble were of traumatic origin, it would be subject to great variations, not only in the general appearance of the lesion, but in its location also. Here, however, we have as well-marked and constant phenomena as are found in any other disease of the eye—the appearance being so perfectly characteristic, and the location of the central infiltration being always within two lines of the centre of the cornea. Surely such a constant combination of conditions, and such *definite location* could not possibly depend upon a mere accidental abrasion.

I will not burden this paper with a relation of cases, for each one would offer the appearance and symptoms named above, colored, of course, with the individual peculiarities of constitution, temperament, etc.

I have had under my care, during the last twelve months, between forty and fifty of these cases; and I find that, although a specific disease, it requires no specific form of treatment—the measures applicable to the ordinary forms of corneal inflammation and ulceration being equally valuable here. There is one point in the treatment, however, and one to which I have already referred, and that is the avoidance of the temptation to use the spud for the removal of a supposed splinter of shell. An incorrect diagnosis, and a hasty use of this instrument can only result in harm to the patient. The only measures to be adopted are the thorough cleansing of the eye by means of a camel's-hair brush and warm water, and the subsequent use of those measures which are effective in other and allied forms of ocular disease.

290 *Madison Avenue.*