

Culver (G. M.)

COMPLIMENTS OF THE AUTHOR,

G. M. Culver

“PINK-EYE.”



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BY C. M. CULVER, M.A., M.D., ALBANY, N. Y.

Case No. 748, a lady, became my patient on the 5th of February, 1887. On the 19th of March, 1889, she called on me again, having an acute catarrhal conjunctivitis in the left eye alone. The history of the case caused me no anxiety concerning my patient's recovery. I prescribed:

Cocaini muriatis,			
Acidi borici,	.	.	ãã 0.40 gramma.
Aquæ destillatæ,	.	.	10.00 “

Sig.—A drop in left eye, when painful.

A few months later I met my patient's husband, who told me that my diagnosis and treatment, in that case, had been a couple of failures; that Dr. C. had had the patient abed, a week, soon after I saw her, with “pink-eye;” that he used “a weak solution of borax,” and the cure was obtained, in that time, by those means. I did not then exactly remember what my prescription had been, but consultation of my case record demonstrated that it had been as above given.

Fownes* says that boric acid “is also easily made by decomposing, with sulphuric acid, a hot solution of borax.”

Many readers of the ALBANY MEDICAL ANNALS have used both boric acid and borax in practice. Competent judges are invited to compare the two courses of treatment hereinbefore cited.

Case No. 1633 has lately told me that “pink-eye” had been diagnosed in her family, that it had been epidemic in

* Fownes' Elementary Chemistry, p. 211, lines 4 and 5.

the family (the number of victims having included a very transient visitor), and in a popular school attended by one of my patient's sisters. I believe the physician who diagnosed "pink-eye," in this case, was the same who diagnosed the same disorder in the first case herein cited.

A prominent *connoisseur* in equine matters, husband of case 748, has told me that "pink-eye" sometimes affects the horse's legs and sometimes his intestines.

I have been investigating so-called "pink eye" some time. Although I have read several of the best known works on diseases of the eye, in French, German and Italian, as well as in our own language, I don't think I have ever yet seen the compound word "pink-eye," or its equivalent in any language, in print.

In a letter dated June 3, 1889, Dr. Landolt, of Paris, has written to me what I translate into this: "I do not know what 'pink-eye' means, and I have great fear that it means too many things to be interesting. The vulgar herd, that has no precise ideas of any thing at all, uses its expressions incorrectly and at random, and its slang does not deserve that we should stop a single instant over it."

Lest I should give a biased translation, I append Dr. Landolt's exact words; the reader may translate:

"Je ne sais pas ce que 'pink-eye' signifie, et j'ai bien peur que cela signifie trop de choses pour être intéressant. Le profanum vulgus, qui n'a d'idees précises sur rien du tout, se sert à tort et à travers de ses expressions, et son slang ne merite pas que nous nous y arrêtions un seul instant."

Dr. Howard S. Paine told me, orally, on the 17th of June, 1889, that, although he had seen conjunctivitis that seemed epidemic, the so-called "pink-eye" that he had seen had been simple catarrhal conjunctivitis; that the *pink* was of the same kind as that always found with an inflamed mucous membrane.

May 16, 1889, Dr. Thomas Featherstonhaugh, now government expert, at Washington, in eye affections, wrote me: "Don't know any thing about 'pink eye.' I had an idea it was some kind of a flower, until you gave me information respecting it."

In a letter dated May 20, 1889, Dr. Edward Jackson, of Philadelphia, has written to me: "As to 'pink-eye,' I see a few cases each spring, that I think are only sun-burn of the conjunctiva. But there are other groups of cases that I can only regard as instances of an infective disease."

I do not consider Dr. Jackson's last statement as in the remotest sense contradictory of the first. But while conjunctivitis is certainly, in almost any of its various forms, *contagious*, whenever there seems to be infection of conjunctivitis, I would regard the eye affection as merely *one symptom* of the infectious disorder.

On the 22d of May, 1889, Dr. T. F. C. Van Allen told me, orally, that he thought the horse disorder called "pink-eye" and the human complaint that the laity (and a few physicians) call that, have no connection with each other; that, in horses, the affection *is* systemic, a prominent symptom being conjunctivitis; but that the human disorder that has been termed "pink-eye" is a conjunctivitis *not* epidemic. He said the name "pink-eye," as seeking to connect the human and the equine affections, is a misnomer, although he tells me that it has been used, diagnostically, by two men who were medical professors.

May 22, 1889, Dr. G. S. Munson told me that he had never diagnosed "pink-eye;" that it is conjunctivitis and neither a systemic, nor part of a systemic, disorder.

What the present writer is after is *the truth*. If it be *true* that I have misjudged or misunderstood "pink-eye," that's what I'd like to know.

As to *names*, I care little for them. Most of them that we use, even technically, are etymologically wrong. Myopia means, etymologically, "partial lid approximating."*

According to Dr. Bullions, glaucoma used to mean cataract; etymologically, it signifies something bluish-gray, or greenish. In the book which I translated from the French, I have dared to so far disregard tradition as to adopt the suggestion of Helmholtz, and change "hypermetopia" into "hyperopia."† But, while I would deny that feeling has been exercised as a motive to the writing of this article, I do object to the assumed ponderosity of them who would get up a chromatic aberration in the *nomenclature* of eye diseases, and seem thereby to be more discriminating than we who know of black eyes as resulting from fisticuffs, etc., and of blue, gray, brown and other colored eyes as indicating the colors of irides; but of "pink-eye" only as being a part of the general shortage, of albinos, in pigment.

* Landolt's "Refraction and Accommodation of the Eye," p. 126. † *Ibid.*, page 132.

