Anthrax of the Eyelids

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In July 1957 I saw a patient aged 21. Three days before he had been stung by an insect in the right upper eyelid, while working on a South-American ship loaded with hides, in the Rotterdam harbour. There was a small, ulcerating lesion of the right upper eyelid. Both right eyelids and the right half of the face were markedly swollen. The swelling was pale, not painful and doughy. The next day, the swelling had extended over the neck, especially the right half. The patient was very ill, with high fever and a high degree of dyspnoea. In the meantime the ulcerating palpebral lesion had become slightly larger and showed on its floor a small dark spot, which led to the suspicion of anthrax. This suspicion was confirmed by bacteriological examination. The bacteria cultured were insensitive to sulphonamides but sensitive to all tested antibiotics.

The patient improved rapidly on treatment with penicillin and prednisone and was free of fever after a few days. The local phenomena were little influenced by these drugs: an extensive malig-

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nant pustule developed, which covered almost the entire surface of both eyelids. After shedding of the black crust a large and deep skin defect of the eyelids remained and in a few days ectropion started to develop. A blepharorrhaphy was therefore made. Three months afterwards there were supple scars in the palpebral skin and the blepharorrhaphy was removed. Contrary to expectation, not a single plastic operation was then necessary and after six months there were hardly any visible residues of the inflammation.

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Treatment of Diplopia due to Scar Tissue.

By J. HUYSMANS fs-Hertogenboschi.

In Juli, 1954, retinal detachment was diagnosed in a patient born August 7 th, 1919. She had been operated on 5 times by other ophthalmologists, with diathermic coagulation. After a house-moving she came under my treatment in July 1957.

The visual acuity in the right eye after correction was 5/6.6, in the left eye after correction 5/10. The left retina was apposed to the sclera. The field of vision was narrowed. The patient complained of diplopia. In primary position the left eye showed exophoria of 6–10° and varying hyperphoria of up to 6°. In particular the adduction of this eye was reduced, owing to cicatrization of the wounds of preceding operations.

On July 29th, 1957, the patient was operated on.

A thread was applied under the tendon of the musculus rectus externus and under the tendon of the musculus rectus superior. Especially the adduction of the eyeball was shown to be limited: the eyeball could hardly be moved beyond the primary position. After injection of hyason and pulling patiently for about 20 minutes I succeeded in adducing the eye to such an extent that the cornea practically disappeared under the plica semilunaris. The eye was fixed in a markedly

adduced and deorsumduced position for $2\frac{1}{8}$ days. Two weeks later there was orthophoria in all directions. This favourable result has persisted up to the present moment.