

SELF-INFLICTED CONJUNCTIVITIS*

BY

M. J. ROPER-HALL*Birmingham*

FROM February to June, 1949, in the Suez Canal Zone, 22 cases of self-inflicted conjunctivitis were seen among Mauritian troops, and 1 case in a British soldier under detention.

History. The history of these patients usually showed that they were temperamentally unsuited to the army. Their attitude on arrival in the department, the clinical appearance with negative pathological findings, and the course of the condition, left no doubt that these inflammations were self-inflicted. This was proved by the investigations outlined later in this article.

At the time of greatest incidence there was no epidemic of conjunctivitis among British troops or natives, and during the whole period only one case of a true conjunctivitis occurred in Mauritians seen in the department.

Clinical Picture. The cases presented the clinical picture of a patient crouched in a chair, nursing his bandaged eye and groaning in apparent distress. When an attempt was made to examine the affected eye, the groaning increased in intensity, with a marked tendency on the part of the patient to resist or avoid examination.

There was oedema of the lids with a serous or sero-purulent discharge. All except two cases showed severe chemosis in one or both fornices of one eye only, with relatively little affection of the bulbar conjunctiva. The left eye was affected slightly more often than the right. Two cases showed a membranous reaction in the lower fornix.

The cornea was clear on first examination, except in one case which showed a generalized corneal haze with a more dense opacity at the limbus above. The diagnosis was made clear in two other cases which later developed corneal abrasions. A sub-conjunctival haemorrhage was present in one case. In only one case was any foreign matter found; a small white fleck in the upper fornix, the nature of which was not discovered.

Clinical Investigation. Stained smears of the discharge showed only necrotic neutrophil polymorphs and epithelial cells. Routine culture showed no growth after 48 hours except in one case with a scanty growth of *Strep. Viridans*. Histological examination of one of the membranes showed fibrin with neutrophil polymorphs and lymphocytes.

Treatment. At first these cases were regarded as genuine, and treated as acute bacterial conjunctivitis. The eye usually improved

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rapidly, and then showed repeated exacerbations and deterioration. After this indulgent treatment there was a marked increase of incidence in March and April (16 cases). As a deterrent measure intra-muscular injections of 6 cc. of boiled milk were given on alternate days; this usually resulted in a rapid improvement.

It was found, however, that cases so treated returned after a short interval, so it was decided to return all cases to their units without treatment, but with the recommendation that suitable unit discipline be carried out. This led to a sharp reduction in the incidence in this form of malingering and no cases occurred in May. Since then there have been only sporadic cases among fresh drafts arriving in this zone.

Further Investigation. It was felt that confirmation of our findings should be obtained by visiting units which had provided most of the cases. During a short interview it was possible to obtain a great deal of useful information. Most of the patients who had shown this condition had recovered both physically and mentally, and were now doing useful work. They were interviewed, with the guarantee that no disciplinary action would be taken, as this was part of a medical investigation to discover the method of production of the conjunctivitis. Having this assurance the men spoke freely.

It was found that the popular method of production in Mauritius was by the seeds of the Chillie plant which grows plentifully there. These seeds are either red or green, and were usually placed in the upper fornix for 24 hours, after which they were removed and the patient would report sick. A few patients had brought the seeds with them, but the majority had to look for some other method as the plant is not grown here. In one unit cordite was removed from cartridges and distributed fairly widely in the unit concerned and other units. The flakes of cordite were used in a manner similar to the use of the seeds. Another method was the application of atebirin tablets which are easily obtainable. In the course of the interview methods of production of many non-ocular conditions were also explained.

A discovery which was surprising to us was that these patients once having been exposed did not attempt other means of evading duties, but in most cases settled down to give useful service.

It was felt to be worth recording this series of cases because it reflects the speed with which the men realised that this condition offered an easy opportunity of spending a few days of relative holiday in hospital—an opportunity which was taken with increasing frequency. When a firm line of action was adopted, realisation again spread rapidly, so that the condition now hardly ever occurs.