BRITISH MEDICAL JOURNAL

SATURDAY 10 MAY 1975

LEADING ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NO. 5966 BRITISH MEDICAL JOURNAL 1975 VOLUME 2 295-350 ASTM CODEN: BMJOAE 2 (5966) 295-350 (1975)

BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR. SECOND CLASS POSTAGE PAID AT NEW YORK N.Y. WEEKLY 70p

CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Sticky Eye in the Newborn

SIR,—The comments by Drs. Elizabeth Rees and D. Hobson (14 December 1974, p. 656) about your expert's views (10 August, p. 406, and 26 October, p. 222) were pertinent but might be extended.

Because each variety of ophthalmia neonatorum may be mild, moderate, or severe[1] the term "sticky eye" should not be applied to mild cases of conjunctivitis in order to avoid the diagnosis of ophthalmia neonatorum and the investigations that this makes necessary. Not uncommonly babies suffering from ophthalmia neonatorum due to TRIC agent or the gonococcus have been treated for "sticky eye" with a preparation such as chloramphenicol eye-drops B.P.C. This is inefficient treatment and it may make diagnosis difficult or impossible. The detection of TRIC agent or the gonococcus in such a case diagnoses genital infection of the mother; thus it indicates appropriate examination and treatment of her and her sexual partner.

If a baby develops a "sticky eye" conjunctival material should be examined by smear and culture. If the smear contains pus ophthalmia neonatorum is diagnosed. Because the advance of gonorrhoea may be fulminating, if Gram-negative intracellular diplococci are found effective treatment is started immediately. The diagnosis is explained to the mother as "inflammation" until sugar fermentations have confirmed gonococcal infection. Effective local treatment is with penicillin in high concentration (1 MU/ml).[2] The eye is flooded each minute for 15 minutes, then after each feed for three days. Because gonorrhoea may cause systemic complications the baby should also be treated with penicillin by injection, even if gonococci are recovered from the conjunctiva only. If the smear contains pus and organisms other than Gram-negative diplococci neomycin eye ointment B.P.C. 1% is indicated. This acts on most bacteria but not on TRIC agent; hence if conjunctivitis persists tests can be taken for that agent.

Your expert knows of no evidence that TRIC agent "causes more than temporary illness." Strong evidence exists. Babies may develop trachomatous scarring and pannus[3-9] unless treatment is prompt and effective (say, with chlortetracycline eye ointment B.P.C.).[8 9] Moreover, the mothers have genital infection and may develop salpingitis,[8 11] and the fathers commonly have urethritis.[11] TRIC ophthalmia neonatorum is, indeed, not really "of a similar order of rarity" to the gonococcal form; in London it is over five times more common.[12]—I am, etc.,

E. M. C. DUNLOP

Whitechapel Clinic,
The London Hospital,
London E.1

1 *British Medical Journal*, 1949, **3**, 587.
2 Ridley, F., *Transactions of the Ophthalmological Society of the United Kingdom*, 1958, **78**, 335.
3 Jones, B. R., Al-Hussaini, M. K., and Dunlop, E. M. C., *Revue Internationale du Trachome*, 1965, **42**, 27.
4 Freedman, A., *et al.*, *Transactions of the Ophthalmological Society of the United Kingdom*, 1966, **86**, 313.
5 Watson, P. G., and Gairdner, D., *British Medical Journal*, 1968, **3**, 527.
6 Collier, L. H., Sowa, S., and Sowa, J., *Lancet*, 1969, **1**, 101.
7 Forster, R. K., Dawson, C. R., and Schachter, J., *American Journal of Ophthalmology*, 1970, **69**, 467.
8 Mordhorst, C. H., and Dawson, C., *American Journal of Ophthalmology*, 1971. **71**, 861.
9 Goscienski, P. J., and Sexton, R. R., *American Journal of Diseases of Children*, 1972, **124**, 180.
10 Dunlop, E. M. C., *et al.*, *British Medical Journal*, 1972, **2**, 575.
11 Dunlop, E. M. C., *et al.*, *American Journal of Ophthalmology*, 1967, **63**, 1073.
12 Dunlop, E. M. C., in *Recent Advances in Sexually Transmitted Diseases*, ed. R. S. Morton and J. R. W. Harris, p. 290. London, Churchill Livingstone, 1975.

Cold Hypersensitivity; Weather and Eclampsia

SIR,—I would like to comment on your leading articles (22 March, p. 643 and 12 April, p. 53) on these related problems and to suggest how the presence of an excess of cold-precipitable fibrinogen (cryofibrinogenaemia) may be of importance in both.

As you pointed out, antibodies active in the cold (agglutinins or lysins) and cryoglobulins (IgG or IgM) may cause cold hypersensitivity. Cryofibrinogen, however, is a much more frequent hazard to the chilled than these apparently better-known predisposing factors because excess of cryofibrinogen may be associated with a wide range of infections, thrombotic disorders, neoplasms, collagen diseases, and metabolic upsets.

In a pregnant woman with cryofibrinogenaemia associated with megaloblastic anaemia and urinary tract infection exposure to cold led to a general collapse and to necrosis of the head of the femur,[1] and among 33 elderly patients with accidental hypothermia only one of 20 with normal or equivocal levels of cryofibrinogen died during hypothermia whereas six of 13 with excess cryofibrinogen died hypothermic.[2] It is important, therefore, that the investigation of patients with cold sensitivity should include the examination of *plasma* (heparinized or oxalated) as well as serum for cold-precipitable proteins and for hyperviscosity induced by cooling.[3] Furthermore, in severe climatic conditions ability to survive may possibly be impaired by the presence of excess of cryofibrinogen from, for example, a respiratory infection.

Cryofibrinogenaemia is known to occur in pre-eclampsia.[4] Thus the increased frequency of eclampsia on cool days may also be related to excess of cryofibrinogen. The chilling of pregnant women with this substance in excess may lead to hyperviscosity of the blood and thus to impairment of the microcirculation, particularly in the brain. The hyperviscosity of pre-eclampsia is also