

OPHTHALMIC CASES TREATED WITH TERRAMYCIN-HYDROCORTISONE OINTMENT

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The advantages of hydrocortisone in the treatment of inflammatory conditions of the eye are well known. Therapeutic action is exerted throughout all layers of the eye, and pain and photophobia are notably relieved. The danger of new blood-vessels forming across the transparent media of the eye is markedly reduced, and the destructive consequences of severe eye-inflammations are often prevented.

The wide antibacterial activity of oxytetracycline (terramycin) makes the antibiotic particularly suited to the treatment of ophthalmic infections, and it was felt that a preparation containing terramycin and hydrocortisone might offer advantages not possessed by existing medicaments.

The preparation used was a combination of terramycin (0.5%) and hydrocortisone (Cortril, 1.5%) in a bland petrolatum base. Owing to the limited number of tubes available of this terramycin-hydrocortisone ointment it was decided to treat only those cases which had proved to be unresponsive to other treatment.

Forty cases of chronic blepharitis of the squamous type were given this ointment with instructions to apply it every 4 hours. All of these cases had previously received local treatment with antibiotics, and eye drops of $\frac{1}{2}$ % cortisone. The blepharitis was believed to have been caused by a staphylococcal infection—some cases had superficial punctate staining of the lower corneas which according to Thygeson is due to an allergy to the toxin-producing staphylococci. It was considered that the terramycin would eradicate the staphylococci and the hydrocortisone would combat the allergic effects of the staphylococcal toxin. In 3 of the cases the treatment was stopped after a few days owing to sensitivity to the ointment. This may well have been sensitivity to the ointment base rather than to the terramycin; the hydrocortisone had no effect in preventing the allergic reaction. Of the remaining cases, 3 showed no improvement and 7 were moderately improved, whilst the remaining 27 responded dramatically to treatment. The desquamation and hypertrophy of the skin of the margin of the eyelids dis-

appeared, the new eyelashes were much healthier in appearance, and the troublesome subjective symptoms of photophobia and foreign-body sensation in the eyes also disappeared.

For blepharitis terramycin-hydrocortisone ointment seems to be much superior to any other form of therapy used in the past.

Five cases of hypopyon ulcer were treated with this ointment, and showed a spectacular response; the aqueous flare disappeared in 28-48 hours, and recovery from this serious condition was complete within a matter of days.

Only one case of trachoma was treated—a 56-year-old female European who had had the disease since childhood. Typical scarring was seen of the tarsal conjunctiva of both upper lids and both corneas. The patient

suffered from severe photophobia and always wore darkly tinted glasses. After using the ointment for one week she was able to discard the tinted glasses and said that her eyes felt comfortable for the first time since she could remember.

The results of these cases suggest that terramycin-hydrocortisone ointment is a most powerful weapon in controlling acute and chronic diseases of the external eye. It is understood that the product will shortly be available as an aqueous gel-like suspension, in which form it should be more pleasant for the patient to apply and should be free of the occasional unpleasant reactions which may be due to the ointment base.

I wish to express my appreciation to Mr. Bratt of Pfizer Corporation for supplying the ointment used in this study.