
*Twenty five years in Retrospect in Children's Eye work* is copyright by Edward O. Marks 1946.

Permission has been granted by the executors of the estate of Dr Elizabeth Nesta Marks for display of *Twenty five years in Retrospect in Children's Eye work* on the SERF website.
LOOKING BACKWARD: A QUARTER-CENTURY OF PÆDIATRICS. I: GASTRO-ENTERITIS:

By D. Clifford Croll,
Brisbane.

Tonight I am asked to look back twenty-five years, and I am going to take the liberty of looking back further, to 1910, when I first joined the staff of the Brisbane Children’s Hospital.

The first difference which I note is the absence today of those excellent and valuable annual reports and medical statistics which were published by the committee of that time.

I have chosen as the subject of my remarks gastro-enteritis in children under the age of two years, because it is in that disease that I see the most dramatic changes. Gastro-enteritis was the most dreaded of all diseases of infants in those days, as the figures in Table I will readily demonstrate. Nor was the situation in domiciliary practice any better. I can recollect many a hopeless fight to save a baby’s life, such as we seldom see today. In particular I recollect the death from gastro-enteritis of one child serum around with us in our bags, so as to give it at the first contact with a case. So dramatic were the results that I am convinced that, whether the organism can be found or not, the dysenteric bacillus is the main criminal.

As the years went on the virulence of the disease appeared to lessen, and it became less necessary to use the antidyseptic serum. Within the last few years sulphaguanidine became available, and I suppose this accounts to some extent for the excellent figures of 1944-1945 and 1945-1946.

But that is not all—there must be another factor at work. I am sure that neither antidyseptic serum nor sulphaguanidine could have saved all the patients in 1906 and 1908, many of whom died within a few hours of admission to hospital. What is that factor? Improved hygiene? No. The hygiene of Brisbane has improved, but not to that extent. The earth closet system is still predominant—there are fly-breeding foci all over the city. The milk supply has improved, but not enough. You will note that the number of cases has greatly increased, so the infection is still present. In many homes you will see baby’s food and utensils on a table swarming with flies and two or three flies in the milk jug.

Is it an increase in breast-feeding? Again no, because in those days it was well recognized that breast-fed babies did not often contract the disease, and the mere terror of it maintained nearly as high an average of breast-feeding as public education and propaganda have produced today.

I shall hazard one guess as to the factor which has brought about this great fall in the mortality rate: that is the addition of vitamins to artificial infant foods. Nearly all these babies were artificially fed. Prior to 1915 vitamins were unknown, and it was only in the 1920’s that they came into general use. Nowadays a mother is taught that she must include vitamins in her baby’s diet, and even if she does not add them deliberately she can hardly avoid giving them, as most of the artificial foods contain vitamins. I think this factor so increases the baby’s resistance to the disease that any reasonable treatment gives it a decent chance of recovery.

TABLE I.

<table>
<thead>
<tr>
<th>Date</th>
<th>Admissions</th>
<th>Deaths</th>
<th>Mortality Rate per Centum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1908</td>
<td>69</td>
<td>42</td>
<td>62</td>
</tr>
<tr>
<td>1909</td>
<td>123</td>
<td>60</td>
<td>49</td>
</tr>
<tr>
<td>1915</td>
<td>153</td>
<td>95</td>
<td>37</td>
</tr>
<tr>
<td>1923</td>
<td>255</td>
<td>112</td>
<td>37</td>
</tr>
<tr>
<td>1944-1945</td>
<td>296</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>1945-1946</td>
<td>356</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

LOOKING BACKWARD: A QUARTER-CENTURY OF PÆDIATRICS. II: TWENTY-FIVE YEARS’ RETROSPECT IN CHILDREN’S EYE WORK.

By E. O. Marks,
Brisbane.

Looking back over the last twenty-five years in the eye department of the Brisbane Children’s Hospital has made me realize that considerable changes have happened in the eye work of the hospital in that time, though one was not conscious of the changes while they were taking place. There was a difference in the diseases as well as in the numbers attending in 1948 as compared with 1928, when I started as assistant to the late Dr. John Lockhart Gibson. In those days the in-patients were more numerous than in later years, and the out-patients less numerous. On one occasion we had 26 in-patients for a supposed 12 beds, and there were usually more than the 12. Of late I doubt if the average would have been half-a-dozen. There were always a number of patients with trachoma, all long-stayers, and generally two or three children with interstitial keratitis and one or two with ocular plumbrism. Squints, corneal ulcers and so on had much the same incidence as at present.

Trachoma.

Early in 1929 the Queensland Government established the Wilson Ophthalmic School Hostel for trachomatax children, where they could receive schooling as well as treatment under the hygienic and educational conditions of a happy boarding school rather than the restricted if

1 Part of a symposium held at a meeting of the Queensland Branch of the British Medical Association on July 8, 1946.
interstitial keratitis. Twenty-five years ago we usually had in the hospital two or three patients with interstitial keratitis, and a common association with the eye condition was quiet synovitis of the knees. Sometimes the eye symptoms came first, sometimes the knee symptoms. Interstitial keratitis is not nearly so common now, and it is long since I have seen a patient with the associated synovitis.

Plumbism. In 1920 and for many years afterwards ocular plumbism was common. One would find recent paresis of the lateral rectus and double papilledema in a small, pale, sick-looking child who could sit up daily and play with his fingers, sometimes with blue-lined gums and passing urine containing lead. There were, of course, other patients with foot-drop and wrist-drop; but only occasionally did the ocular synovitis occur in the patient, and not at the same time. I remember one occasion when there were five children with double papilledema in the ward at the same time. Four were suffering from typical lead poisoning and recovered; the fifth an elevated temperature and meningitis, and died. When treated by repeated lumbar puncture to relieve the pressure of the extra-intracranial fluid, with little or no improvement of vision, though in a few optic atrophy developed.

For many years now ocular plumbism has been so rare that one almost forgets to look for the disease.

Squint.

With the great increase in the out-patient attendances there has been no doubt an actual increase in the number of children attending with squint. This is probably due to the praiseworthy activity of the school health service in impressing the parents to have the children’s eyes defects attended to. I do not think the actual proportion of squints has increased. It will certainly diminish if the school authorities and medical men generally can impress on parents the urgent need to have the eyes properly examined on the first suspicion of a squint and the refractive correction instead of waiting to see if the squint will recover of itself and thus permitting the development of a permanent squint with its attendant disabilities.

At one time, shortly before the recession of 1914, the Brisbane and South Coast Hospital Board was urged to establish an orthoptic clinic at the Brisbane Children’s Hospital, and the proposal was referred to me for my opinion. While there was no doubt that carefully selected children who had lost their sight under favourable conditions provided by the orthoptist had contributed to improved visual results in the children coming there, an investigation of the present position of the orthoptic clinic shows that the treatment is of great benefit in the treatment of squint, in many if not in most cases such treatment can be of little if any use; the results depend on the child and on the child’s parent, as well as on the child’s own will. The orthoptic treatment have been published; but I could find no comparable figures of results without orthoptic treatment to give the board in order to show the benefit of the proposed clinic. So far I had treated over 1500 previous five years’ cards, sorting out the squint cases and results, and to my surprise found that the proportion of unselected refractive squints cosmetically corrected without orthoptic treatment was as high as that given in the published results with orthoptic treatment. The figures plainly were not comparable, because my patients had not trained binocular fusion, though it is likely that eyes which are straight will develop binocular fusion in the course of time. On the other hand, my patients were not selected and included many on whom no orthoptic treatment had been given. At that time each out-patient doctor’s cards were kept separately, and my cards were kept available until the child was over age for the hospital. Alas! During the war the old cards were destroyed and my powers that cards would not be kept after four years and that all the cards would be mixed in one general index. The possibility of ever again dissecting out any needed figures of diseases or results has thus been destroyed.

Cataract.

The “epidemic” of congenital cataract with a history of German measles during pregnancy, recorded in Sydney and Adelaide, did not occur here in Brisbane. The two cases of cataract with this history, but no more than the usual incidence, and the congenital cataracts experienced throughout the twenty-five years were mostly of the tough opaque, capsular type, like those associated with the rubella epidemic, the textbook lamellar cataract being unusual. Though in Brisbane we did not have the epidemic of cataracts, we did have the epidemics of rubella, with a resulting epidemic of cataract. Of course, the rubella epidemic was greatly interested lately when examining the eyes of these deaf children (of whom there has been a very large number with a history of maternal rubella in pregnancy) to find that in nearly half of them there was a pronounced pigmented abnormality of the fundi, and that the other children, without the history of maternal rubella but with the abnormal fundi, were all born in the years 1936, 1937, 1938 and 1941—all but three in 1938 and 1941, the years of the rubella epidemics. Of 60 deaf children born in those years, 28 had abnormal fundi, while 21 deaf children born in other years 1941 all had normal fundi; only three had cataracts.