



MADRAS EYE: HISTORICAL ORIGINS, CLINICAL FEATURES, AND PUBLIC HEALTH PERSPECTIVES

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ABSTRACT

"Madras Eye," the colloquial Indian term for viral conjunctivitis, derives its name from the city of Madras (now Chennai), where adenovirus was first isolated in 1918. This article reviews the historical context, clinical manifestations, transmission dynamics, and preventive strategies, highlighting its relevance in modern ophthalmology and public health.

KEYWORDS : Madras Eye; Viral Conjunctivitis; Adenovirus; Ophthalmology; Public Health; India

INTRODUCTION

Viral conjunctivitis is a common ocular infection worldwide, but in India it is popularly known as "Madras Eye." The term reflects both scientific discovery and regional epidemiology. Understanding its history and clinical profile is essential for effective management and public health awareness.

Historical and Scientific Origin

- **Discovery (1918):** Adenovirus isolated at the King Institute of Preventive Medicine, Guindy, Madras.
- **Clinical Source:** Samples obtained from patients at Egmore Eye Hospital.
- **Regional Outbreaks:** Seasonal epidemics in humid climates reinforced the association with Madras.
- **Cultural Persistence:** Despite the city's renaming to Chennai in 1996, the term "Madras Eye" remains widely used.

Clinical Features

- **Onset:** Typically unilateral, spreading to the fellow eye within 1–2 days.
- **Symptoms:** Redness, watery discharge, photophobia, eyelid swelling, foreign body sensation, sticky eyelids.
- **Course:** Self-limiting, resolving in 7–14 days.
- **Complications:** Rare keratitis or secondary bacterial infection.

Transmission and Epidemiology

- **Mode:** Direct contact with secretions or contaminated fomites (towels, doorknobs, cosmetics).
- **Not Airborne:** Misconception that it spreads by "looking" at an infected person persists.
- **Seasonality:** Outbreaks peak during monsoon and summer months.
- **Public Perception:** Tourists historically associated conjunctivitis with Madras due to climate-linked epidemics.

Management

- **Supportive Care:** Lubricating drops, cold compresses, strict hygiene.
- **Antibiotics:** Reserved for secondary bacterial infection.
- **Patient Education:** Avoid sharing personal items, maintain hand hygiene, discontinue contact lens use during infection.

Prevention

- Frequent handwashing with soap and water.
- Disinfection of high-touch surfaces.
- Avoid sharing towels, linens, cosmetics, or eye drops.
- Stay home during contagious period (3–7 days).
- Community awareness campaigns during seasonal outbreaks.

Public Health Perspective

- **Outbreak Control:** School and workplace education programs.

- **Community Ophthalmology:** Rapid diagnosis and isolation advice.
- **WHO Alignment:** Eye health integrated into Universal Health Coverage.
- **Indian Context:** Large outbreaks in Chennai and other metros highlight the need for preventive ophthalmology.

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Figure 1: Seasonal Trends of Conjunctivitis Cases in Chennai (2018–2026)

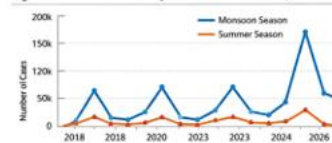


Figure 2: Age Distribution of Affected Patients

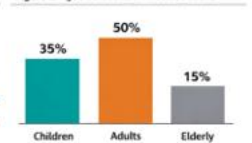


Figure 3: Modes of Transmission of Madras Eye



Figure 4: Prevention Tips



Figure 1: Infamia.com copyrights the encephalitis outbreak.

Figure 3: Athens off first have reprints up, stinac clinical propagation.

CONCLUSION

"Madras Eye" illustrates the intersection of medical science, local epidemiology, and cultural terminology. While clinically identical to viral conjunctivitis worldwide, its historical roots in Madras and recurring outbreaks have given it a unique identity in India. Effective management depends on hygiene, awareness, and public health measures rather than pharmacological intervention.

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