EDITORIAL

Wiping the Mud From Our Eyes

ROBERT FOLBERG

IN THE TRANSITION FROM MY SECOND TO THIRD YEAR OF medical school, I made rounds with members of the teaching faculty. I studied their examination notes.

I learned the acronym "PERRLA" stood for "pupils round and reactive to light and accommodation," and the abbreviation "EOM full" meant full extraocular motions, or what we ophthalmologists would call "full versions."

I also noticed a curious description of the eyes of many black patients: "muddy sclera."

To a novice, a medical student, the appearance of one's eyes seemed to be related to wellness and health. Yellow eyes (scleral icterus) may be an indicator of liver disease. A "pink eye" may point to a local infection. Everyone, it seemed, wanted to have white eyes. Why else did consumers purchase drops to "get the red out"?

Of course, the term "muddy sclera" is incorrect. Melanin, not mud, accounts for the brown color. Histologically, the melanin is in the conjunctiva and not the sclera.

"Muddy sclera," is also socially offensive. Who would yearn to have eyes that looked like mud?

Pathologists assigned several names to this benign finding. Perhaps the term most commonly used was "racial melanosis." However, the bilateral brown conjunctival pigment in blacks has nothing to do with "race." One can identify this finding in Asian or white patients who have dark skin.

Please consider this. If black clinicians and pathologists had written the papers and textbooks, then those of us with pale skin might have had "racial amelanosis"!

The term "complexion-associated pigmentation" appeared next in the literature. This name change linked conjunctival pigmentation to skin color instead of race.

The new name was an imperfect improvement. The word "complexion" has multiple meanings. For example, teenagers with acne may long for a "clear complexion."

Forgive me, please, for straying from the "muddy sclera" issue. I should explain how and why I became preoccupied with names. Sticks and stones aside, names can hurt. I cannot imagine what it would feel like to know that my eyes looked like mud.

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From the Departments of Ophthalmology and Pathology, Beaumont Health-Royal Oak, Royal Oak, Michigan, USA.

Inquiries to Robert Folberg, Departments of Ophthalmology and Pathology, 3601 West Thirteen Mile Rd, Royal Oak, MI 48073, USA; e-mail: robert.folberg@beaumont.edu

I began to edit the galley pages for a new multi-authored pathology book[1] for which I am a senior author. It occurred to me that our work may be among the first medical texts to appear after a long overdue public awakening to systemic racial bias.

During the final review, before books go to press, edits usually focus on small details. Perhaps a picture should be lightened or a reference updated. However, in the context of the social awakening of 2020, I detected a critical flaw in the manuscript. After fixing the first defect, I discovered other issues to address.

In medical writing, authors often provide legacy names in parentheses when a new term appears in the literature. We followed this practice. When we wrote about "complexion-associated pigmentation," we inserted a bracketed older name, "racial melanosis." In review, I saw our mistake. By providing 2 terms, we hinted that it might have been acceptable to use either. Therefore, we decided to delete "racial melanosis." Although we were making changes to the text, we substituted the more precise phrase "skin tone" for the word "complexion."

After wrestling with names, I began to look for more examples of racial bias. I noticed that we had misused "legacy language" elsewhere. For example, we described the clinical appearance of syringoma as "skin-colored." Almost everyone describes these lesions as "skin-colored." Now, let us give this a bit of thought: whose skin and what color?

In whites, syringoma is "skin-colored." The small bumps have the same color as uninvolved skin, but in blacks, syringomas may be more or less pigmented than uninvolved skin; or, the nodules may be of a "skin color" that matches the patient's healthy, dark skin.

In our book, we showed syringoma in a white patient. I edited the figure legend and dropped the term "skin-colored." I added a description of these lesions in black patients.

We did include clinical photographs of common eyelid lesions in blacks, but if we were not at the end of the production cycle and had more time and space, we would have added pictures of the same entity in patients with different skin tones. Web-based tools would allow access to atlases of clinical photographs in patients of many skin tones.

My awareness of examples of racial biases in our book started with problematic names, so let us return to "muddy sclera" and "racial melanosis."

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Some readers may believe that my focus here on words is peripheral to the essence of health care disparities and race. Let me suggest that what we say reflects our thinking, both unaware and conscious. What we say influences our behavior and shapes attitudes among those who hear us speak and read our publications.

Solutions to the complex issue of equitable and quality health care begin by affirming the infinite value of those we serve and educate. I write to make us aware of simple, little things like hurtful names. We are overdue for a careful and thoughtful examination of medical speech.

On the most practical level, we should accept the responsibility to teach our medical colleagues how to describe the eyes of black patients correctly and with dignity. Also, each of us can decide to wipe mud from our eyes and to see clearly how social injustice often begins with and is sustained by "the little things."

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REFERENCE

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