

Nursing of Diseases of the Eye.

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OCULAR THERAPEUTICS.

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Antiseptics are applied to the eyes in many forms, as lotions, drops, paints, and ointments, the three latter containing the drug in more concentrated form. They are for the most part astringents also. Some silver salts are of the greatest value in ophthalmic surgery as antiseptic and astringent. The old silver nitrate is still in common use, and may be kept in the form of solution, 20 gr. and 10 gr. to the ounce. It must not be exposed to light, as the silver salt is decomposed. The bottle therefore must be kept in a dark place, and should be of dark glass. The application causes death of the superficial cells; and considerable reaction. Modern pharmacologists have introduced several combinations of silver with a proteid base, amongst which, as we have already said, protargol is the most generally convenient. It may be used to paint on the eyes, in strengths varying from 10 per cent. to 32 per cent. solution. These are the most generally useful strengths, and should be kept in the ward. It is sometimes usefully employed as an ointment, 10 gr. or 20 gr. to the ounce. Protargol, also, must be kept from light.

The most valuable of all antiseptics are found among the salts of mercury. Several are of common use in ophthalmic surgery. The perchloride is constantly prescribed in the form of a lotion, varying in strength from 1 in 2,000 to 1 in 6,000.

It is sometimes used as a local application of much greater strength—1 in 100 is sometimes painted by the surgeon on to the surface of an ulcer to disinfect it; and as much as 1 in 25 is recommended for use in trachoma. When we are dealing with solutions as strong as these, the greatest care must be taken to limit their action to the part chosen. All the surrounding area must be carefully dried previously, and the part washed with a copious stream of water after the application, to remove any of the drug, which might affect regions, where its powerful caustic action would do some injury.

Calomel and the yellow oxide of mercury are often employed as local antiseptics to ulcers. The yellow oxide is the chief constituent of "Pagenstecher's" ointment. It may be used in strength from 2 gr. to 8 gr. to the ounce. Calomel should never be used while the patient is taking iodide of potassium. This would form a corrosive iodide which might be very deleterious.

The salts of zinc are very useful in certain

cases. The astringent properties are more marked than the antiseptic in the sulphate; the chloride, however, is a most valuable application in many cases of dacryocystitis. It is usually ordered in solution of $\frac{1}{2}$ gr. or 1 gr. to the ounce.

Boracic acid is one of the drugs most commonly used in the eye ward, both as a lotion and ointment. In both forms it is very slightly astringent and antiseptic, and can be used without danger, and with advantage in almost any case. Very occasionally it appears a little irritating to the conjunctiva. The lotion is used in two strengths, either saturated, or about 6 or 8 gr. to the ounce.

The salts of lead are rarely used; the danger is that an insoluble lead carbonate is formed by the tears, and may be deposited on the cornea.

The copper salts are powerful astringents. A crystal of the sulphate is constantly used as a caustic in trachoma; and drops, gr. 2 to the ounce, are often ordered in this disease.

All strong astringents must be avoided when there is deep ciliary injection of the eye.

DISEASES OF THE CONJUNCTIVA.

Simple conjunctivitis is not often admitted into the ophthalmic ward, but the disease may attack patients who are already present.

Either as a result of the entrance of dust or some other cause the conjunctiva becomes reddened, either in whole or part, and the lids slightly rough. The subjective symptoms are a sensation of grittiness and heaviness. The discomfort is usually superficial and slight, but sometimes it is pretty acute. There is usually more or less lachrimation and a small amount of sticky discharge, which glues the lids together at night. In the culs-de-sac float strings of mucus.

In more severe cases the whole conjunctiva is intensely injected; branching and anastomosing vessels of a bright red colour are to be seen over the whole. The injection is usually most marked away from the cornea. This condition is often described by the out patient as being "like a ball of fire." The discharge is proportionally increased.

The nurse should remember that whenever there is discharge from the eye, it is infectious, and all precautions must be taken to avoid contagion, for though such cases are not dangerous to herself, if a patient was infected on whom an operation had recently been performed, the result would be grave danger. Treatment is simple cleanliness, and a mild astringent lotion, such as boracic acid.

(To be continued.)

Next week the purulent conjunctivitis of newborn infants, *ophthalmia neonatorum*, will be described.

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