

Nursing of Diseases of the Eye.

By HAROLD GRIMSDALE, F.R.C.S.,
Assistant Ophthalmic Surgeon, St. George's Hospital.

DISEASES OF THE CONJUNCTIVA.

(Continued from page 469.)

Treatment must be directed both to prevent a spread of the disease and to cure the particular instance; owing to the great danger of infection, it is not often that such patients are taken into ophthalmic hospitals in the acute stages, but in the very commencement most may be done by treatment. Here the use of astringent lotions and the painting with protargol will often bring the disease to an end. It is always difficult to be sure whether one is dealing with trachoma or follicular conjunctivitis, but in certain instances, where the position of the small granules, and further, the history of probable infection pointed to trachoma I have been much struck with the benefit gained from the use of a lotion containing 1-500 zinc chloride, and daily painting with protargol.

The limitation of the disease calls for our greatest care.

The method of infection is unfortunately often uncertain, but there seems no doubt that it is in many cases spread from the careless use of towels and handkerchiefs in common amongst the poor.

This general use must be guarded against with great care; but another risk is less easy to avoid, i.e., imperfect cleansing of the towels by the laundry.

Isolation, in a hospital ward, is almost impossible.

In a private house it is more easy. Trachoma however is rarely found in this country, except amongst the poor.

In cases where the disease has gained firm hold, treatment by astringent lotions alone usually will not be sufficient, and more active measures must be taken. The danger lies in the contraction of the newly-formed granulation tissue, and many attempts have been made to get rid of this in various ways, such as by excising the folds containing the granules. This, however, is not to be recommended, since all means that reduce the amount of conjunctiva more than is absolutely necessary are to be avoided.

A better plan is to incise each little follicle and express its contents with forceps, for which purpose Knapp has devised a pair of "roller forceps."



KNAPP'S FORCEPS.

The lid being everted, one blade of these is passed into the cul de sac, the other remains on the conjunctival surface. As the ends of the forceps

rotate the conjunctiva is little torn by them. The granules are gripped between the rollers, and the contents expressed with considerable force. It is advisable during the operation to protect the surgeon's eyes with goggles to avoid the risk of infection.

After all the soft granulation material has been removed, a strong antiseptic may be rubbed into the empty follicles. As much as four per cent. solution of perchloride of mercury may be used for this, but care must be taken that none touches the cornea, as it would readily destroy the epithelium; a general anæsthetic is of course required.

This method of operation is only of value while the granules are recent; in old cases nothing can be expressed.

Often such methods are followed by curiously little pain; some œdema of the lid is always a consequence, but this is not excessive, and can be controlled readily by the application of cold pads.

It is well to omit all treatment for a day or so after the operation, and then re-commence the use of astringents.

The effect is almost always good in suitable cases. The lids become thinner and more mobile, and the conjunctiva takes on a more healthy appearance, but after a time in the large majority of instances the granulations reform and the operation has to be repeated, not uncommonly, several times.

There is no doubt, however, that the removal of the granulation tissue does away to a great extent with the material, causing the deformities of the lids, which complicate late trachoma, and, in so far, it is of great value.

If, however, the disease is already in a late stage, and the granulations have begun to organise and form fibrous tissue, the method will not only have no immediate success, inasmuch as nothing can be expressed, but has seemed to me in some instances to cause a recrudescence of the disease in greater severity.

In these cases, therefore, expression is to be avoided, and we have to rely on the gradual destruction of the masses of fibrous material by caustics of one kind or another.

That most usually employed is copper sulphate, either in the form of a smooth crystal, or combined with alum to form "lapis divinus." With this the surface of the granules is gently rubbed, avoiding as far as possible the conjunctiva which appears healthy. In some cases, especially when the surgeon thinks a prolonged course of treatment impossible, the whole mass may be rubbed down flat; this destroys all the tissues down to one level and of course causes great pain and considerable bleeding. The after pain lasts several hours, so that a general anæsthetic does not relieve the whole of it.

(To be continued.)

[previous page](#)

[next page](#)