Nursing of Diseases of the Eye.

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

DISEASES OF THE CONJUNCTIVA.

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The cause of phlyctenular ophthalmia is still to some extent doubtful. It occurs most commonly in strumous children and is typically a hanger-on to tuberculosis, but itself is probably not a tubercular conjunctivitis, for it has never been shown that the bacillus tuberculosis is present. On the other hand, it seems very closely allied to eczema elsewhere, and the very large majority of children who suffer from this affection have also eczematous ulceration of other parts of the body, most commonly the nasal passages.

This accounts in many cases for the frequency of relapses; the eyes are re-infected from the nose by the patient's hand, or by continuity through the nasal duct.

Treatment, therefore, usually has to be directed to other parts as well as the eye. In the local disease the yellow oxide of mercury in an ointment (gr. v. ad ℥ j.) is almost a specific. It is a fairly powerful antiseptic, and no doubt acts by this quality. If there be much photophobia, it is usually sufficient to add to the ointment atropine (gr. ij. ad ℥ j.). This, by its action on the iris and vessels, puts the eye at rest, and the photophobia soon subsides. Occasionally it is more obstinate, especially where there is much blepharospasm. Here the surgeon often finds it advisable to divide with scissors the external canthus for half an inch through the eczematous ulceration which has been mentioned as occurring here. This acts in two ways: by dividing the orbicularis, the muscle is put at rest, and by the local blood-letting the general congestion is relieved.

Sometimes, when an examination under an anæsthetic has shown an almost normal cornea, this procedure seems unnecessarily severe. Stretching the marginal fibres of the orbicularis with a speculum has a similar effect.

In some very obstinate cases, where none of these methods was successful, I have found an old and somewhat barbarous-seeming plan succeed. The child's head is dipped suddenly into a basin of cold water, and held immersed for at least thirty seconds. On several occasions this has at once put an end to all photophobia, but I am quite unable to suggest a plausible explanation.

The general catarrh will usually subside under frequent lavings with boric acid. In most cases we shall find under atropine considerable error of refraction, and it is, I think, well in all cases carefully to examine for this possibility. If any error is found, glasses should be ordered and worn constantly. They prevent strain, and act to some extent as mechanical shields, keeping out intruding bodies which might set up conjunctivitis. Any local eczema must be carefully treated and the general health of the child improved by fresh air and good feeding. It is a mistake, therefore, to keep these patients indoors, and with a shade in the acute stages; they should be sent out as much as possible. On no account should a bandage be applied, unless there be special reason, such as threatening of local staphyloma from the yielding of a deep ulcer. The bandage confines the tears and discharge.

DISEASES OF THE CORNEA.

Inflammation of the cornea is called keratitis, and is usually divided into classes according to the part of the membrane affected; superficial keratitis is either attended with loss of substance, as in ulcers, or not. The non-ulcerative forms include pannus—which has already been dealt with under the head of trachoma, and which is a vascular proliferation into the superficial part of the cornea—and some other rarer forms which need not be specially described here.

There is, however, one disorder of surface which has hardly received the attention it deserves. It is most frequently seen associated with deeper inflammation of the cornea, and is hence overlooked in the presence of the more important deeper disease. The surface is to the naked eye almost unaltered; only a slight loss of brilliancy may be noticed. When we look with a lens we see the whole cornea finely rough, and presenting an appearance like that of leather. Sometimes the little papules are larger and become vesicles, which may rupture, and leave small superficial ulcers; these give rise to great pain. This latter condition is sometimes given the name of bullous keratitis. When it forms a part of interstitial keratitis (to be described later), it yields to the same treatment as that disease. When it occurs without such cause, it is much less amenable; the pain may be combatted temporarily by cocain, but the formation of fresh bullæ is not easily stopped. In some cases it has seemed to me that the internal administration of arsenic was of value.

When the intra-ocular tension is raised for any length of time also, the surface of the cornea often becomes slightly rough and lustreless.

Ulcers of the cornea have already been described to some extent when dealing with the affections of the conjunctiva, and the general rules of treatment correspond with those laid down then.

The nurse must remember to exercise caution, as has already been pointed out, when examining or instilling drops or ointment into the ulcerated eyes, especially of children, lest by pressure the floor of the ulcer be ruptured and the lens and vitreous escape. It is well in the large majority of cases to