

The More Common Diseases of the Lids, Conjunctiva, Cornea, and Iris.*

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HORDEOLUM, or sty, is an abscess occurring at the root of an eyelash. It forms a very red, painful lump on the edge of the lid about the size of a pea, which breaks down in a day or two and discharges pus. It heals up very rapidly after the pus has escaped.

Treatment.—While the sty is painful and the swelling is increasing it should be bathed with very hot water three or four times a day. This will ease the pain and hurry the discharge of pus.

Chalazion is a chronic inflammation of one of the little glands which lie under the conjunctiva. It forms a firm, hard tumour about the size of a sty, some little distance from the edge of the lid, and usually remains there for weeks, sometimes getting red and painful.

Treatment.—Bathing the lid with hot water will often relieve the pain, but usually the chalazion must be incised and curetted before it will disappear.

Blepharitis is an inflammation of the skin at the edge of the lid, sometimes involving the roots of the eyelashes. The edges of the lid so affected look red and are covered with small crusts or scales. In the course of time the hair roots are destroyed and the lashes fall out. It often occurs in pale, ill-nourished children, and at other times is the result of some eye strain.

Treatment.—The crusts should be gently washed away with warm water, and a little absorbent cotton and an ointment of yellow oxide of mercury (gr. i. to ʒ i.) should be gently rubbed on with a wad of dry cotton. The patient should in every case be examined for glasses and the general health looked after.

Acute catarrhal conjunctivitis, "pink eye," or "cold in the eye," is an acute inflammation of the entire conjunctiva. It manifests itself by redness of the conjunctiva, both the ocular and palpebral, a smarting sensation as of sand in the eye, and slight sticky discharge in the inner corner. The lids usually stick together in the morning and have to be bathed with warm water before the eye can be opened.

Treatment.—Frequent bathing of the eyes with saturated solution of boracic acid, four or five times a day, allowing the solution to run between the lids, and the application of a little white vaseline to the edges of the lids at night to keep them from sticking together.

The disease is almost invariably mild, and, if properly treated, the eyes will be quite well in a week or ten days. Much damage is often done

to the eye by the application of "home remedies," the commonest of which are the bread and milk poultice and the tea-leaf poultice. Both of these do harm by relaxing the tissues and encouraging swelling, and we often find in these cases ulcers of the cornea, which would not have occurred had these mischievous remedies not been used.

Trachoma, or "granular lids," as it is commonly called, is a contagious disease of the conjunctiva, which manifests itself as numerous pale bodies, thickly set together over the surface of the palpebral conjunctiva. These bodies are about the size of a large pin-head, and, if they are not removed, cause serious damage to the lids and secondarily to the cornea.

Trachoma is a very chronic disease and lasts many months, unless it is operated upon. Its seriousness should always be remembered and patients warned of the danger of neglecting it, as, later on, when the damage to the lids has been done, it is impossible to restore them to a healthy condition. It is in all probability due to a specific bacterium, and is decidedly contagious, especially when there is much discharge from the conjunctiva. It is often spread through schools or other institutions by a few children with the disease who use the towels that are used by the other children.

Treatment consists of operation, in which case the trachoma bodies are squeezed out under ether anaesthesia, or applications to the conjunctiva, once a day, of copper sulphate, glycerite of tannin, alum, or other astringents. Each method aims to get rid of the trachoma bodies; the squeezing operation accomplishes this at once, while the treatment by astringents occupies from three months to a year.

Keratitis, or inflammation of the cornea, makes its appearance in two forms:—(1) Infiltration, or a grayish cloud in the substance of the cornea; or (2) an ulceration or depression. It is caused by a great variety of conditions, but the keynote to almost all these is malnutrition. If we recall that the cornea is a very poorly nourished tissue, having no blood-vessels, we can readily see that it would be apt to be affected by any cause that impairs the general health. And this is the actual fact. Any debilitating disease, such as pneumonia, typhoid, etc., may be the indirect cause of keratitis.

Often it results from stomach disturbances, especially in children. A form known as interstitial keratitis, where the whole cornea is cloudy and gray, results from hereditary syphilis.

The most common form of the disease is ulcerative keratitis. A whitish spot appears in the cornea, with injection of the vessels in the ciliary region, sharp pain in the eyeball, free flow of tears (lacrimation), and dread of light

* From lectures delivered to nurses on Ophthalmic Nursing at the Eye and Ear Hospital, Manhattan, U.S.A.

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