Smoked tints are better than blue, which allow the passage of the violet rays without hindrance.

Inflammatory pain may be due also to deeper causes. Any deep inflammation of the uveal tract may occasion some pain. The character is different from the superficial discomfort, which has been described in the preceding lines. It is rarely confined to the eye, and has a neuralgic character, spreading into the surrounding branches of the fifth nerve. Pain in the supraorbital and infraorbital branches is quite common. In iritis the pain is often very severe, and is frequently worse at night; there is, as a rule, no tenderness unless the ciliary body is largely involved. If there be also inflammation of this structure (cyclitis), the tension of the globe is usually altered. Any great increase in tension is accompanied by acute suffering.

In simple acute glaucoma the pain is almost unbearable. This is due to the stretching of the unyielding sclerotic; as in iritis, it radiates over the surrounding region. Suppuration of the deeper parts of the eye also is extremely painful; the eyeball, as in glaucoma, is most tender. This often follows septic infection of an operation wound; it is then usually associated with redness and œdema of the skin of the lids, and chemosis (œdema of the conjunctiva). This condition of the upper lid is a most important warning after operation. It is not always, however, due to sepsis of the wound. More than once I have seen a stye develop accidentally during the period of convalescence. Here, though there is pain and œdema of the lids, the conjunctiva is unaffected. The diagnosis is easy therefore. So long as an inflammation is superficial to the orbital fascia, it does not cause œdema of the conjunctiva. It may, however, excite the momentary suspicion of more serious mischief.

To relieve inflammatory pain, we require measures as numerous and various as the cause. The discomfort of conjunctivitis can be stayed temporarily by cocain, and this is equally powerful to relieve pain due to superficial corneal affections. It is, however, of little value in the deeper. In iritis, atropin, heat and local blood-letting will be useful; dionine also is very effectual. In glaucoma, we must reduce the tension to produce any improvement, and this is favoured by the free administration of eserin or pilocarpin. Careful massage is very valuable. Hypodermic injections of morphia, which assist in contracting the pupil, may be necessary.

Œdema of the lids is another symptom common to many diseases, and may be divided into two classes—superficial and deep. The superficial contain among them certain forms due to general non-inflammatory as well as local inflammatory causes. Certain conditions of the blood and blood-vessels give rise to œdema of the looser parts of the skin. The subcutaneous tissue of the lids is so lax that they are among the first places in which general œdema appears.

As a result of Bright's disease or severe morbus cordis, the lids often become œdematous. A peculiar solid œdema is a part of myxœdema. Not very uncommon in children is a form of œdema which may appear and disappear without cause.

Finally, as a result of the application of certain drugs, and especially dionine, there is produced a localised non-inflammatory œdema of lids, perhaps due to lymph stasis, which subsides after a short time.

Inflammatory œdema is a more important sign to the ophthalmic surgeon. It often produces unnecessary alarm to the patient because it may prevent his opening the eye, and he imagines himself blind. It may be difficult even for the examiner to separate the lids, but it must always be done, if necessary with a Desmarres elevator, so that we may say whether the cause of the œdema is superficial or deep to the orbital fascia. If on the lids being opened the eyeball can be seen not reddened nor protruded, but freely moveable, with normal conjunctiva, we may at once feel that we have to deal with a superficial affection. If, on the other hand, the conjunctiva of the globe be obviously abnormal, it is probable that a deeper disease is present, which may be very much more serious.

The commonest superficial causes of inflammatory œdema are found in the skin. A boil or stye gives rise to great local swelling with redness. A localised tender spot may usually be found near the lid margin, at which in the course of a few days a point of suppuration appears. Dermatitis due to atropin gives a red, glazed appearance. Erysipelas of the lids is not uncommon; the skin is thickened and reddened; there are usually severe constitutional disturbances.

Cellulitis often spreads from an inflammation of the lacrymal sac. Here the œdema and inflammation are greatest at the inner canthus, where we may find tenderness and fluctuation. There will be a history of long-continued watering of the eye.

When œdema of the lids is due to deeper affections, the examiner will find on viewing the eye that the appearance is abnormal. There will be seen redness and œdema of the conjunctiva, and perhaps other disturbance.

The commonest deep causes are acute conjunctival affections, especially purulent conjunctivitis; cellulitis of the orbit (this will probably be associated with proptosis and loss of mobility of the globe); deep suppuration within the eye following

previous page next page