

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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If the cornea be already ulcerated such force may lead to rupture of Descemet's membrane, and escape of the contents of the globe.

We must therefore raise the upper lid with the warmed retractor, Desmarres or other, and examine



Desmarres Retractor.

the cornea carefully. The first signs of this implication are slight roughness and dullness. If there are no such signs, we proceed to wash away the discharge with a gentle stream of warm water, or wipe it away cautiously with a mop of wool. The former is on the whole the best plan. The stream must be gentle, both for the patient and the nurse's sake. If a strong stream be used, drops of discharge and water may be splashed about, and even infect the nurse's own eyes. After the preliminary washing, the whole conjunctival surface of the lids should be painted with some silver solution—I prefer 20 per cent. protargol—but 10 grains ad ʒj silver nitrate is almost equally efficacious. The painting should be done only once a day; the douching should be administered very frequently; every half-hour is not too much in very acute cases; few cases require it, at first, less than every hour, day and night. Except when the protargol is applied, the douching with water should be followed by bathing with a weak warm antiseptic solution—1-5,000 solution of Perchloride of Mercury—or 1-50 Boracic Acid.

The mechanical cleansing is, however, the most necessary feature of the treatment. An important practical point is the thorough drying of the infant after each douching. Neglect of this causes a troublesome eczematous condition of the skin, increasing the discomfort of nurse and baby manifold. Much care must be used in douching, to reach all the folds of the conjunctival cul-de-sac. All swabs of wool, bits of lint, etc., used must be burnt immediately.

The protargol may be applied with a special brush, which should in such cases be labelled Purulent, in large letters and kept carefully apart; or by a piece of wool wrapped on a ground glass rod.

This last is, in my opinion, the more suitable. The wool can be at once destroyed, and the holder sterilised by boiling.

Under such treatment the discharge becomes thinner and less abundant, and in about three weeks ceases. As the pus diminishes the frequency of the douching may be lessened—but it is well to continue the daily application of the silver as long as there is any purulent discharge.

The rationale of the silver treatment, is that protargol has been found to exert a power very inimical to the growth of the gonococcus, and at the same time to be able to impregnate the cells of the conjunctiva without causing their destruction. Silver nitrate, on the other hand, though equally fatal to the microbe, causes superficial death, and sloughing of the epithelial cells, and thus its use is not infrequently followed by superficial scarring of the conjunctiva.

If the cornea be already attacked, the douching must be even more assiduously and carefully used than before—and here it must be especially gentle or the force of the water may loosen enfeebled epithelial cells, and cause their destruction, giving a further entrance to the pus. Besides this, all swabs must be used with the greatest care.

If an ulcer has formed, we can attempt to prevent its further extension in various ways, both surgical and therapeutic. The surface may be carefully disinfected, and some antiseptic ointment applied several times a day. Iodoform is probably one of the most valuable drugs in this connection.

We have, also, in eserine, a most powerful assistant. This may be applied in the form of drops: gr j ad ʒj four or five times a day. It is an active depressant poison, and its effect on the heart must be carefully watched.

Its action on the eye is to dilate all the vessels, and thus it increases the nutrition and consequent power of self defence of the cornea, by increasing its blood supply.

It has seemed to me, further, that from the rapidity with which the sloughy bases of ulcers become clean, under the action of eserine, that it must have some specific bactericidal properties.

The neutral sulphate of quinine in one per cent. solution may be used as drops, and is another non-irritating antiseptic.

If all these measures fail, or in certain cases even before trying them, some surgical interference may be deemed necessary.

The ulcer may be touched all over with the actual cautery. (The galvano cautery is the most convenient form, but any pointed cautery will serve on occasion.) This at once destroys the infected tissues and the invading bacteria, and at the same time forms a hard eschar which will, for a time at least, bar their further entrance.

Unless the ulcer involve any large fraction of the cornea, the result is by no means in all cases bad. The cornea of a very young child has extraordinary power of recovery, and even a very dense leucoma will clear to such a degree that

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