

low proportion of fat in the mother's milk. Rickets in nursing children is not very uncommon in those cases where the mother has nursed more than ten or twelve months. It is a pretty general rule that a child with rickets will improve with a considerable addition of fat to its diet. Infants may be given diluted cream, while older children should be encouraged to eat plenty of good fresh butter. In the case of nursing children two or three feedings of diluted cream should be introduced among the nursings, or in case of protracted nursing, or where the mother does not have the proper milk the child should be weaned entirely. In all cases cod-liver oil has an unusually good influence, and not only makes the cure quicker, but in many cases seems to be a necessity.

Is it possible to do anything to prevent the development of a pelvic deformity in a rickety girl? So far it would seem the orthopædists have not considered this phase of the subject of rickets.

Careful diet and regulated exercises will do an immense amount towards strengthening and straightening the bones, and it should be the duty of practitioners to point out to mothers the special danger of rickets to the daughters of to-day, who must bear the risks of maternity for the next generation.

Nursing of Diseases of the Eye.

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DISEASES OF THE CONJUNCTIVA.

Purulent ophthalmia of the adult, gonorrhœal ophthalmia, is, like ophthalmia neonatorum, due to inoculation, by the gonococcus—but whereas the disease in infants is most commonly bilateral, in adults one eye only is usually infected, though it is easy for the other to be become attacked afterwards. Its virulence, further, is higher than that of the infantile variety, and at first sight this would seem most surprising. We have seen that we can with safety give a favourable prognosis in ophthalmia neonatorum, if we see the case before the cornea is attacked; in the present disease we can offer no such hope; prognosis is always doubtful, and the results are much worse than those found in infants. How is it that the tender tissues of the baby resist with ease, the attack of a microbe, before which the adult is unable to stand?

The answer is to be found in the state of the cultivation of gonococci. The infant is infected from a cultivation old and enfeebled. The adult is attacked in many cases by a micro-organism in full strength and power.

A series of experiments have been made in Germany by Piringer, which illustrate and prove this point. He, having gained for a consideration the owners' consent, inoculated a number of blind eyes with gonorrhœal pus, at varying stages of the disease, and found that the older the cultivation, the milder the attack.

If inoculation be known or suspected to have occurred, the conjunctiva should be very carefully washed out at once with a large quantity of weak boric acid solution, and then painted with 30 per cent. protargol. This may be repeated daily. Protargol is, in one respect at least, very much superior to nitrate of silver. The inorganic salt sets up a considerable traumatic conjunctivitis with some muco-purulent discharge, and this may cause unnecessary alarm in the minds of the patient and his medical attendant, if this fact is not taken into consideration. Protargol, on the other hand, is followed by much less reaction; often it is scarcely perceptible.

In many instances by these means the infecting material will be washed away and destroyed, and the danger averted. If the precautions be insufficient, or if the inoculation be overlooked, there is an incubation period of varying length, two to five days, at the end of which the conjunctiva becomes inflamed and irritable, and the swelling of lids and conjunctiva proceeds rapidly, so that within twelve hours from the onset the patient may be unable to open his eye. The swelling and œdema of the conjunctiva becomes extreme. The cornea seems to lie at the bottom of a pit, whose walls are the enormously swollen membrane.

It is most important to protect the unaffected eye, if the disease is, as it usually is, monocular, against inoculation, and for this purpose it may be bandaged up after being disinfected by boric acid and protargol in the way described, but for several reasons the bandage is not desirable.

In the first place, it is necessary that this eye should be watched critically, and this means that the pad and bandage must be taken off from time to time, and the eye thus exposed to the chance of accidental inoculation; further the disease is an extremely depressing one, and if the patient be put in total darkness, he will in all probability become rapidly run down, and his resisting power will be reduced most when it is most required. For these reasons it is better to have an apparatus which will at once allow the surgeon to watch the covered eye, and give the patient a certain amount of vision.

This result is best gained by a "Buller's Shield." A watch-glass, which should be as flat as possible, is placed between two squares of plaster, a round hole is cut from each square a little smaller than the glass, so that it is held by

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