

Nursing of Diseases of the Eye.

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

DISEASES OF THE CONJUNCTIVA.

(Continued from page 429.)

If the area weakened is large, a flap of conjunctiva may be dissected up and fixed over the ulcer. This in some cases is successful in preventing localised protrusion.

The complications are almost the same as those of ophthalmia neonatorum, but anterior polar cataract and nystagmus do not occur. On the other hand staphyloma is relatively much more common. If it occur, both from the unsightliness of the deformity, and from its inconvenience and discomfort, some operation must be done to enable the patient to wear an artificial eye.

Such eyes are typically well suited for Mules' operation, which gives undoubtedly the best possible cosmetic results. The operation is not a difficult one; a general anæsthetic having been given, and the speculum introduced, the cornea is removed by cutting round a little external to its margin with a knife and scissors. The contents of the globe are then removed either with Mules' special spade, or by means of swabs of cotton wool in forceps. The choroid and ciliary body require special care, and the sclerotic must be left white and brilliant. Then the round opening left by removal of the cornea is converted into a transverse ellipse by the excision of small pieces of sclerotic at either side, and a glass sphere introduced by means of Mules' special introducer. The margins of the wound may be brought together by three or four stout silk sutures passing at once through sclera and conjunctiva. Before the last suture is introduced, I usually wash out the globe with a hot solution of perchloride of mercury, 1-4,000.

There is usually considerable reaction and pain after this operation. The lids and conjunctiva are much swollen and the conjunctiva may prolapse between the lids. The application of iced pads will keep the swelling within limits in most cases. These should be changed constantly, and used for forty-eight or seventy-two hours after the operation.

The smaller the sphere, the less the reaction, but on the other hand the less useful the stump.

The sutures employed should be of stout silk, and placed far back in the sclerotic. The middle one is most commonly that which gives way when the operation fails.

If it fails, as far as my experience goes, it is little use attempting a secondary operation. Only

on one occasion amongst many has the attempt been successful.

The advantages of this operation over an ordinary enucleation are many and great.

The cosmetic result is highly superior; the stump, which is held by the muscles in their normal position, moves as freely as the other eye, and forms an admirable resting-place for the artificial when it is worn. The movements of the latter are very good, and there is not the sinking of the upper lid which is so disfiguring in enucleation.

Lastly there is no space between the conjunctiva and the artificial eye in which discharge can collect and decompose, and as a result catarrh of the stump, so common after enucleation, is rare after Mules' operation. Against these advantages is to be placed the increased reaction, and the longer time of convalescence; about four days more than the simple operation.

The bacillus of diphtheria occasionally causes a form of purulent conjunctivitis, very similar, and sometimes clinically indistinguishable from gonorrhœal ophthalmia. It is as far as I have seen rare except as a late complication of nasal diphtheria, and from the fatal nature of this form, one does not often see the whole course of the ocular malady.

If it occur, treatment is similar to that for the other purulent ophthalmia, but the silver salts have not an equally powerful bactericidal effect, and cannot, as a rule, abort the disease in the same way.

Not uncommonly one finds membranes formed on the lids in cases of "simple" conjunctivitis. These should always be regarded with suspicion, and the membrane pointed out so that it may be examined. In several cases of this nature the bacteriological report has pointed to the diphtheria bacillus as the cause.

Trachoma, or "granular lids," is the most intractable of all the diseases of the conjunctiva. It is typically an endemic disease. In some countries so common as to attack a very large percentage of the whole population, in others it is practically unknown.

In England it is comparatively a rare disease, and owing to the establishment of proper ophthalmic schools, in which are treated children suffering from trachoma, it is likely to become still rarer. But until these schools were established, it was of frequent epidemic occurrence in workhouses and similar establishments, where a number of poor children were herded together with imperfect sanitary arrangements; if a child suffering from trachoma were introduced into a workhouse school, and allowed to mix with other children, the disease spread, often with great rapidity, so that few eventually escaped. Now

[previous page](#)

[next page](#)