Nursing of Diseases of the Eye.

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DISEASES OF THE CORNEA.

Cases of inflammation of the cornea usually run a very chronic course, and are therefore rarely seen for long in the wards of a hospital. The prognosis in cases of interstitial keratitis is good as far as it affects the cornea. The inflammation slowly subsides, and leaves the cornea almost clear. It remains slightly cloudy, it is true, and there are almost always persistent vessels, but the curvature is not much altered, and there is not the irregular astigmatism which is so detrimental after extensive pannus or ulceration.

Unfortunately, however, inherited syphilis does not often attack the cornea alone; but the whole uveal tract shares in the disease as well. Extensive choroidal and retinal lesions are common, and, even though the cornea become transparent again, these may render the eye useless as a visual organ. The prognosis, therefore, must always be very guarded.

A somewhat similar keratitis sometimes complicates inflammation of the ciliary body and sclerotic in rheumatic subjects. The resulting opacities are dense, almost china-like, and show little tendency to clear. They are, however, usually confined to the marginal regions.

Of late years there has been an attempt to treat these ocular conditions by local administration of mercury in subconjunctival injections, and this form of treatment has been used extensively on the Continent. The chief disadvantage of the original method was the very considerable pain which the injection excited, and which cocain was not able to relieve with any success. Recently, a new drug—acoin—has been prepared, which does away to a very large extent with the pain, and therefore has rendered the method of greater service. The mercury is usually administered in the form of cyanide; 5 minims of a solution, 1 in 1,000, are injected with 1 minim of a 1 per cent. solution of acoin. If the conjunctiva be well cocainised beforehand, this may be given even in children without frightening the patient; it has certainly seemed to me to have caused marked improvement in some severe cases. I have endeavoured to gauge the value of the method by applying it to one eye only where both were affected, general treatment being at the same time given. The eye in which the injections were given has shown the more rapid improvement in most cases. In several the difference has been very marked.

It is very seldom possible to give more than three injections a week, and in many cases seven or eight days must elapse between the successive administrations; the fluid must be injected far back and not allowed, if possible, to approach the cornea, or enter Tenon's capsule.

A rare acquired malformation of the cornea is the condition of keratoconus. The normal curvature of the cornea is altered so that instead of being an almost uniformly spherical surface it is transformed into a cone, whose apex is naturally curved more sharply than the normal, but whose sides are flatter. There results most irregular astigmatism. When looked at from the side, the deformity is obvious, and suggests the appearance of a drop of water on the cornea. The cause of this would seem to be congenital weakness of the tissues, which gradually yield before the intraocular pressure.

Slight cases may be remedied by glasses.

In severe degrees, however, the surgeon will usually attempt, by producing contracting scars in suitable positions, to flatten the central part of the cornea. This sometimes has the happiest results.

For this purpose the galvano-cautery is the best agent. There is no special after-treatment required. Atropine will usually be instilled, and careful support of the eye is advisable during the healing.

If the cornea is perforated by accident or design, the scar is sometimes slow in closing; the aqueous drains away for weeks, and the anterior chamber does not re-form. Under these circumstances it is difficult to keep the pupil dilated.

With advancing years a grey ring often creeps round the cornea, just within the margin, leaving a clear space between itself and the sclera. This, the arcus senilis, is absolutely without effect on vision, and may be regarded almost as a physiological degeneration. A somewhat similar degeneration sometimes attacks the central transverse region in eyes that have been long blind. Neither condition is of much importance from the present standpoint.

(To be continued.)

Malaria and Mosquitoes.

The Chairman of the Liverpool School of Tropical Medicine (Sir Alfred Jones) has received a communication from Prince Auguste d'Arenberg, President of the Suez Canal Company, in which the company asks for the co-operation of the School in a concerted effort to cope with the prevalence of malaria in Ismailia, and makes a formal request for the services of Major Ronald Ross, C.B., F.R.S., and of Dr. Myers, Lecturer to the School, to start operations there against mosquitoes. The Committee of the School have at once acquiesced in the request of the Suez Canal Company, and are making arrangements to enable Major Ross to proceed to Ismailia in September next, when malaria is especially prevalent. Major Ross will begin by starting an organised campaign against malaria, and will go out again later in the year to carry it through. Sir Alfred Jones has sent a letter to Prince d'Arenberg conveying the decision of the School in the matter.

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