

adopted is less clear, and the surgeon will find it a hard matter to decide on his course of action. It would seem natural at first to remove the exciting eye and get rid of the centre from which the infection sprang. There can be no doubt, I think, where this eye is hopelessly damaged, and the disease in the sympathising fellow is of a mild type, that this is the best course. If, however, the exciting eye retains some vision, we must remember that the sympathiser is frequently entirely lost, and the balancing of the two probabilities is a very difficult choice.

If no operation be deemed advisable, the surgeon will treat the case on the general principles of a severe iritis, attending to the various symptoms as they arise. The first and chief indication is to maintain dilatation of the pupil, and atropin must be instilled frequently. The patient will be confined to bed, and general treatment given. Different surgeons will have different modes of procedure. Free administration of mercury by inunction seems to me to have the best results.

In children, the best method is to smear a mass of ointment about the size of a large pea on to a flannel belt, which should be worn round the waist at night next the skin. The natural movements of a child during its sleep rub the drug thoroughly in.

In adults, a very excellent method of administration is by calomel fumigation. In this a special lamp is convenient, though not actually necessary. A spirit lamp stands under a saucer of water, from which a small shelf projects. On the shelf is sprinkled 10 grains or more of calomel. The whole is placed under a cane-bottomed chair. The patient, clad only in a flannel gown, sits on the chair, and a blanket is draped round the patient and chair, and fastened closely round his neck, reaching to the floor all round. When the lamp is lit, the water boils, and the steam and vaporised calomel settle on the patient's skin. The amount of spirit, water, and calomel is so regulated in the special lamp that they are all consumed in about equal times. When the lamp has gone out, the patient sits quiet for a few minutes, and then, still enveloped in the blanket, goes to bed. The calomel by this means is deposited on the active skin and gradually absorbed. If no special lamp be at hand, one may be readily improvised by inverting a small measure in an ordinary saucer, and sprinkling the calomel on its base. The lamp must be carefully guarded and watched so as to extinguish it when all the calomel is vaporised.

Such a bath may be given every night until, usually in about ten days, signs of mercurialisation appear.

If rapid action of the drug be of importance, the surgeon may order deep injections of a solution of corrosive sublimate.

The disease is of very long duration; as the acute symptoms subside, the patient may be allowed out

of bed, but it is well to keep him in hospital if possible, since relapses are frequent and of alarming suddenness.

In bringing this series of articles to a conclusion, I will remind my readers that it must not be regarded as anything but a sketch of the course and treatment of those diseases which the nurse is likely to meet in a special ophthalmic hospital or in the ophthalmic wards of a general hospital. The lectures make, therefore, no pretence to be a complete handbook of ophthalmic surgery. Many diseases which are common in the out-patient department have received scanty mention, or even have been entirely passed over, because they are not likely to be the cause of admission into the hospital, and are therefore not brought under the nurse's care.

On the other hand, it seemed right to assume a certain general training, and therefore such subjects as a- and anti-sepsis have not been treated from a general standpoint, but only in those minor details in which the practice of ophthalmic surgeons differs from general surgery. Though the details vary, the principles remain the same. It cannot be too strongly impressed on all who are in any way connected with the treatment of diseases of the eye that prevention is better than cure, and not only better but easier.

It is much easier, for example, for a nurse in charge of a case of contagious ophthalmia to avoid the danger of carrying infection, by studious care in preventing the contagious material coming in contact with her fingers, than by the greatest diligence in sterilising after such contact. Experiments have shown time and again how great is the difficulty of sterilising efficiently skin which has been infected by pyogenic micro-organisms. The processes required for sterilisation, if repeated two or three times daily, would take up an excessive part of the nurse's time. I have elsewhere pointed out how much more difficult it is to stay the infective processes in the eye than in most other regions of the body.

The lectures on the anatomy and physiology of the eye contain only the broadest outlines, sufficient merely to show the nurse the general nature of the organ with which the following lectures have dealt and to explain as far as possible the reasons for the line of treatment recommended.

Finally, I wish to thank the proprietors of "Gray's Anatomy" for permission to use certain illustrations, and Messrs. Krohne and Sesemann, of Duke Street, who have lent the blocks of instruments.

With this issue end Mr. Grimsdale's admirable lectures on the Nursing of Diseases of the Eye. From many of our readers we have heard of the pleasure and instruction which these lectures have afforded them. We hope that from time to time they may still have the opportunity of enjoying articles from his pen.

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