

All dressing should be put in a vessel with a tight cover and be burned by the nurse herself at convenient intervals, and the bed and personal linen of the patient should first have the silver stains taken out with a weak corrosive solution and then be boiled before going into the general laundry. The patient's other eye if not infected may or may not be sealed with a collodion seal, to be changed once in twenty-four hours for the sake of observation. If it is left unsealed the patient must be kept turned on the opposite side to prevent any secretion from running across into it. In the case of an infant this is the best method, but older children and adults should have the seal.

Concerning treatment directly, here as nowhere else each case is a law unto itself. The sooner it can be commenced after a positive diagnosis has been made the better, and once begun the eye is to be kept free from pus even if it has to be irrigated every five or six minutes. Twenty-four hours of this sort of work, as a rule, finds the discharge less profuse, and you can commence to lengthen the intervals between treatments.

In giving an irrigation the nurse stands at the head of the bed on the side opposite the eye to be flushed; if possible have the light from above, especially at night. With one hand she supports the head and holds a pledget of cotton to catch discharges, using the index finger and thumb to separate the lids, which should be done very gently and without making any pressure on the globe. A pledget of cotton saturated in 3 per cent. boric is held in the free hand and the stream of fluid directed along the conjunctival sac rather than against the globe.

Any pus that adheres to the conjunctiva may be gently wiped with the wet cotton, care being used not to touch the cornea and not to leave any shreds of cotton in the eye. Every half hour a drop of 25 per cent. solution of argyrol is used after irrigating.

Before beginning treatment in any case, it is well to put in a drop of 2 per cent. fluorescine and allow it to remain for one-half minute. At the end of that time the eye is flushed with boric and if there is even the tiniest break in the cornea it will show a greenish tinge over the denuded area. When the cornea stains, even greater care must be used in handling, to prevent if possible any further involvement, as these superficial abrasions may clear up nicely under proper treatment and go on to rapid destruction if carelessly handled.

If there is corneal involvement, however slight, an ointment containing 1 per cent. atropine is usually ordered. Atropia sulph.

4 gr. in petrolati 1 oz. is a favourite prescription. The ointment spreads evenly over the cornea and heals and protects it, only a very small amount is used at one time, and it is usually applied by pulling down the lower lid and sliding it off the end of a toothpick.

In the first few hours there is apt to be grave danger from chemosis, as the swollen lids press upon the cornea and shut off its nutrition. Compresses are sometimes ordered, either hot or iced or both in alternation, and should be of the thinnest old linen one can procure in order to minimise weight.

A method that is far superior to the compresses, however, is the use of oxide of zinc applied freely to the inflamed area and along the edges of the lids to prevent their sticking together. This last is one of the most important points in the nursing of this disease, for if the lids are allowed to become glued together the pus is prevented from escaping between whites and is dammed back, increasing pressure and being forced into the deeper tissues and accessory ducts, thus prolonging treatment. In some cases the lids are painted daily with a 1 or 2 per cent. solution of  $\text{AgNO}_3$ , or one drop of the 10 per cent. solution of protargol is used once or twice a day in conjunction with the other treatment. This is dangerous ground, however, and is never done except under the supervision of the attending physician. It is rarely ordered unless the lids are soft, as it is apt to increase the chemosis.

At the end of the fourth or fifth day, if the discharge has ceased entirely and several negative slides have been obtained, the patient is put upon some astringent wash to smooth up the roughened conjunctiva. Zinc sulph. 1 gr., boric acid 20 gr., and distilled water 1 oz. is frequently used three or four times a day.

If at the end of twenty-four or forty-eight hours there has been no sign of secretion, the patient may with safety be discharged. This treatment is practical for adults as well as for infants, not forgetting the importance of general nursing in every case. With infants the hands are kept pinned to the side until all discharge has ceased. The oil rub, night and morning, when the arms are rubbed and exercised, is of great value.

In cases that do not clear up immediately and where artificial feeding is to be continued for a number of weeks, a point of special value is not to increase the strength of the formula too rapidly, as the digestion as a rule is not equal to that of a child under normal conditions.

It is impossible during the acute stage to do very much toward eliminating light and hand-

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