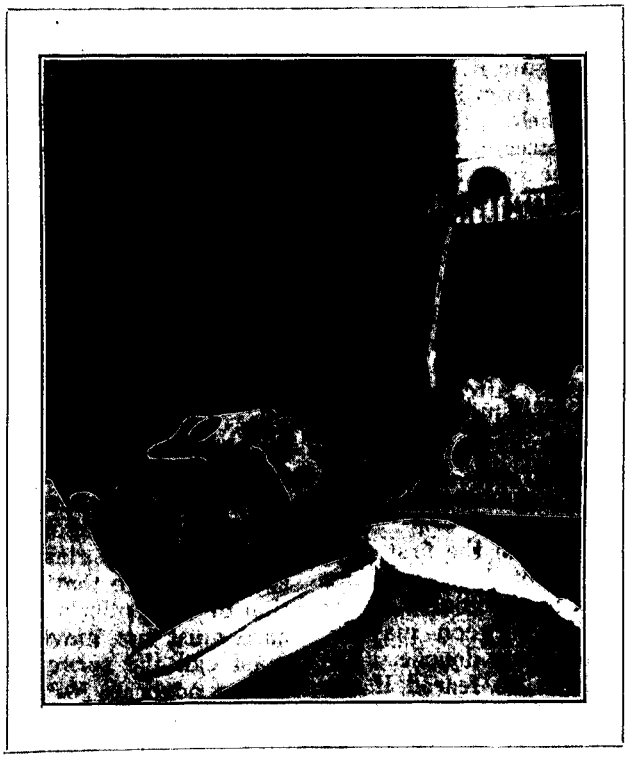
GONORRHŒAL CONJUNCTIVITIS.

Mr. J. Stroud Hosford, F.R.C.S. Ed., and Mr. G. Brooksbank James, F.R.C.S. Eng., Hon. Surgeons to the Royal Eye Hospital, Southwark, contribute to the *Lancet* some most interesting observations upon the treatment of Gonorrhœal Conjunctivitis in the adult, with the accompanying illustration, which by their kind permission we are able to publish. The authors write in part :—

We have observed, in common with most ophthalmic surgeons who have given attention to this subject, that gonorrhœal conjunctivitis in the adult is in all cases after the age of 30 attended with most disastrous results to the eye. Not only is all useful vision in these unfortunate cases completely lost, but the damaged and shrunken globe not infrequently remains a distressing and unsightly object in the orbit. We believe that this untoward result is not only unnecessary but preventable if the patient is seen early and appropriately treated. The involvement of the cornea constitutes the great danger in this affection.



LOCAL TREATMENT.

1. It may slough wholly from strangulation owing to the pressure of the brawny lids and the gelatinous chemotic swelling round its margin.

2. Its epithelium may be readily abraded and a site exposed for the ingress of the terrible gonococcus by even the gentle manipulations of a skilled attendant.

3. The digestive powers of the toxic products contained in the discharge have a most deleterious influence on the vitality of the structures of the cornea.

4. To these must be added what we have come to consider as the almost uniformly pernicious influence of the caustics and astringents applied in the early stages of the disease. We refer more particularly to silver nitrate, protargol, argyrol, and perchloride of mercury. These, by the reaction they cause, lead to greater constriction and chemosis, whilst they merely remove the superficial layers, leaving the deeper structures of the conjunctiva untouched. Moreover, the renewal of these applications is not only distressing and exhausting to the patient, but is attended with positive danger to the cornea. Further, this method of treatment is, even in favourable circumstances, a lengthy one, the conjunctiva being left in an irritable, and occasionally papillomatous, condition for many weeks, while recurring ulcerations of the cornea are much to be feared.

Treatment.

1. The patient should at once be placed in bed and remain there until all danger is passed.

2. A low diet should be prescribed, consisting of milk, barley water, eggs, fish, toast and butter, weak tea, &c., for the first ten days. The bowels should be kept freely open with mercury and saline purges, and aspirin (gr. x. thrice daily) and quinine bisulphate (gr. ii. thrice daily) are probably the best internal remedies to administer in this disease.

Local Treatment.

With regard to this all-important question we have found that the constant use of the douche is the primary curative factor. It may be applied either by a mechanical apparatus fastened to the head or by the hands of a relay of properly instructed nurses. These should sit behind the patient's head and apply the unintermitting stream as the surgeon may direct from time to time. No cessation in the flow is to be permitted for a moment either day or night. The solution which we have

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