

OUR PRIZE COMPETITION.

WHAT IS TRACHOMA, AND HOW IS IT BEST TREATED AND CURED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Trachoma or granular conjunctivitis is one of the most persistent diseases which attack the conjunctiva, the delicate membrane lining the eyelids and front surface of the eyeball. The two distinctive characteristics of this form of inflammation are the granulations—semi-transparent greyish elevations of varying sizes which occur on the eyelid conjunctiva and the subsequent scarrings—the cicatricial formation which distinguishes this disease from the acute purulent conjunctivitis with which it has been sometimes confused. Trachoma is met with in an acute and chronic form. In the acute form granulations are readily seen on everting the eyelids, the conjunctiva is much swollen, the eyes constantly watering, and more or less sensitive to light. Pain is sometimes very great, which is relieved after the catarrhal condition, which ensues after the first week or so, and which appears to subsequently absorb the granulations. An acute case usually clears up in a month's time if favourable from the beginning, or an unfavourable case may result in a chronic condition. The acute symptoms subside, but the granulations still remain, and may persist for many months or years, in spite of continued treatment. In the chronic form there is often considerable drooping of the eyelids, the conjunctiva may have a dry, shrivelled appearance. This contraction may lead to ingrowing eyelashes; the cicatricial contractions are seen on the borders of the lids as parallel white lines. In severe long-standing cases, a condition called pannus may result, affecting the cornea, which is brought about by the extension of the granular inflammation from the conjunctiva to the cornea, which may lead to complete opacity.

The treatment of trachoma is both preventive and curative: that is to say, that while local treatment is being applied, the hygienic conditions of the patient should be attended to and improved, and the general health built up with nourishing food and open-air exercise, as this disease usually occurs, or at least originates, in populous districts where unhygienic conditions abound. It is sometimes met with in a chronic form amongst school children, when they must be excluded from school and treatment systematically carried out. The disease is contagious, and the patient should sleep

alone, and have towel, sponge, &c., for his sole use. The local treatment in the acute case is to daily bathe and wash the eye with boracic acid lotion, and a solution of acetate of lead (2 gr. to 1 oz.) is usually painted on the everted lids once daily; where there is a great deal of purulent discharge, weak nitrate of silver solution (5 gr. to 1 oz.) may be ordered.

In the treatment of chronic cases, sulphate of copper ointment is most generally used, applied twice weekly. Where the patient is intolerant of pain, it is sometimes ordered to drop cocaine into the eye, one drop before and after the ointment is applied. It is important that the glass rod used should get well into the fold of the eyelid, and this is more easily accomplished with a child patient when cocaine has been used to relieve the nipping pain of the ointment. For a radical cure the operation of excising portions of the granulated conjunctiva is sometimes advocated.

In the case of school children, the treatment should be carried out at a school clinic or out-patient department, as it is impossible, or nearly so, to ensure the necessary care and cleanliness as regards ointments and appliances, which should be sterilized and kept for the patient's separate use, though home treatment is sometimes resorted to successfully.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. Mahoney, Miss V. James, Miss L. Browning-Stacey, Miss I. C. Higginson, Miss M. Bagshaw, Miss J. Thompson.

Miss F. Mahoney writes:—The lids may be painted with nitrate of silver. Begin as follows:—Evert the lid by using the human probe, which is the index finger, by asking the patient to look down. Now stand behind him, place the left index finger on the upper lid; with the right index finger and thumb take the lashes, draw down, and turn the lid back quickly but gently over the human probe. Now gently swab away any discharge, and take a fine camel-hair brush and gently paint the lid with the lotion prescribed, taking care not to touch the external surface, otherwise it will produce a black stain. Three minutes afterwards, carefully irrigate with a solution of normal saline. As the treatment is rather drastic, the instillation of one drop of cocaine with one drop of castor oil will ease the pain wonderfully. Each night the lids must be smeared with a little ung. hydrarg. ox. flav.

QUESTION FOR NEXT WEEK.

Mention the principal symptoms of nervous exhaustion, and the nursing care of a patient suffering from it.

[previous page](#)

[next page](#)