

EPIDIASCOPE LECTURE.

CAUSES OF STYE.

An acute infection usually Staphylococcal of modified sweat glands at the roots of lashes. Causes, usually accidental infection; if recurrent neglect, dirt, poor general health, errors or refraction, and Diabetes.

Treatment.

Heat, epilation of affected lashes—incision.

Prophylactic—mild antiseptic section: Unguentum Hydrarg. Ox. Flav. vaccines, tonic.

BLEPHARITIS.

Known by many names, i.e., Blepharitis Pustulosa, Blepharitis Ulcerosa, Marginal Blepharitis, Blepharitis Conjunctivitis, Exematous Blepharitis and Blepharitis with Ectropion. Several types of Pustulosa, marginal ulcerative. Causes due to ill-health and malnutrition, measles, neglect and dirt. Usually starts in childhood, the results are serious, all the lashes may fall out and leave a condition known as Blear Eyes. If a few lashes grow the follicles are distorted and the lashes displaced. Inflammatory thickening of the lower lid leads to Ectropion, displacement of the lower punctum, Epiphora, and Chronic Conjunctivitis, the absence of normal lashes leaves the eye exposed to foreign bodies.

Treatment.

General Hygiene, Feeding, Sunlight. Any refractive error corrected.

Local:—The crusts must be removed by lotion, e.g., Soda-Bicarbonate solution and underlying surface treated.

Penicillin cream applied to eyelids or Liqueur-Tinctorium.

2 per cent. Silver Nitrate, or 20 per cent. Protargol may be used; ointments, such as Hydrarg. Ox. Flav.; Ung. Hyd. Ammon. Dil., Ichthyol, etc.

Zinc lotions or Morax Infection.

Remove eyelashes (Infective) and evacuate Pus.

Epilate or Electrolyse the displaced lashes.

Ultra Violet light generally or locally, Vaccines.

TRICHIASIS.—irregularly—

Entropion (IN) } Plaster applied.
Ectropion (OUT) }

Epilation or electrolysis.

CHRONIC OR ACUTE DACRYOCYSTITIS.

There is a stricture of the Nasal Duct, the sac usually becomes distended with Mucus secreted by the Sac (Mucocele, there constant danger to the eye), there is great pain and swelling; raised temperature may form an abscess.

Treatment.

Fomentation and hot bathing and treat the nasal condition, if any. Then syringing and probing. A new opening may be made into the nose from the sac; if successful the cure is complete. Excision of Sac removes the danger to the eye. Epiphora usually only trifling. If excessive, the lachrymal gland may be excised.

CONJUNCTIVITIS.

may be (a) Chronic.

(b) Acute.

There are several types of Conjunctivitis:—

1. CATARRHAL. This form is due to Bacterial Invasion which may be conveyed to the eye from the

air, by the fingers, by foreign bodies, in smoke fumes, and associated with other slight injuries. It is the form associated by the common cold, Influenza, Measles and Rubella. The prolonged use of even quite simple Drugs, such as Boracic, may irritate the eye and result in Mild Inflammation.

Symptoms: All signs and symptoms of inflammation are present. The Conjunctiva is red and painful. There is a sensation of something 'gritty' in the eye. It is hot, the lids are swollen, and the eye waters.

2. MUCO-PURULENT CONJUNCTIVITIS. This form commonly described as 'pink eye' because the chief characteristic is an exceedingly red Conjunctiva, associated with marked inflammation and a Muco-Purulent discharge. It is due to a specific Organism, the Koch-Weeks Bacillus. The condition is highly infectious, and is commonly spread by handkerchiefs, towels, etc. It may be epidemic in form and has been severe enough to necessitate the closing of schools. The disease lasts from 10 to 14 days and disappears without any permanent damage to the eye.

Treatment.

The treatment of both of these types of Conjunctivitis is local rest, Irrigations and, if very painful, Hot Bathing. When Muco-Purulent discharge is present, isolation is necessary. Utensils used for the treatment of the eye must be kept separate for the patient. Lids painted with Silver Nitrate 1 per cent. Vaseline may be applied to lids at night to prevent them sticking together.

3. PURULENT CONJUNCTIVITIS. This form is very severe and dangerous to the eyesight, as permanent damage may be caused. Usually due to infection by the Gonococcus, and when this infection occurs in infants of a few days old, it is described as Ophthalmia-Neonatorum; older infants may also be infected.

4. OPHTHALMIA NEONATORUM. About the third day of life, the eyes of the infant are red, they are seriously inflamed by the fourth day. The lids are red and painful, pus is seen oozing from beneath them, and when touched, it will spurt out. The Conjunctiva is very congested, red and thick, but the infant's general condition is not very seriously affected. If the local condition is not adequately treated, the cornea will become involved and permanent damage will result. This form of Conjunctivitis has been in the past the cause of blindness.

Treatment.

If one eye only is affected, the sound eye must be protected, although in infants both eyes are usually affected. In adults the sound eye must be the first consideration, and it must be protected by a Buller's Shield. The affected eye should be covered by a bandage. It should be irrigated every two hours day and night and oftener if this is not sufficient to prevent any discharge from being seen on the lids. The rule should be to keep the eye absolutely free of discharge, and in this way permanent damage to the eye may be prevented. It is irrigated with 10 per cent. or 20 per cent. Boric Acid solution and for this purpose an undine is used. In addition Silver Nitrate is applied, by painting the surfaces of the lids with Glass Rod dressed with wool. In the case of an infant, Protargol may be used, although the use of M & B 693 has proved a great success, and is a general treatment most used.

[previous page](#)

[next page](#)