

### EPIDIASCOPE LECTURE.

CHRONIC CONJUNCTIVITIS can be divided into three main types, all of which result in the formation of Lymphoid Tissue:—

1. FOLLICULAR CONJUNCTIVITIS. In this form Follicles of Lymphoid Tissue grow over the Conjunctiva, particularly in the eyelid. The condition occurs most often in dirty, ill-nourished and neglected children. It is associated with the ill-health which accompanies enlarged and diseased Tonsils and Adenoids.

*Treatment.* The principal aim in treatment is to improve the general health. When this is done, the Conjunctivitis will gradually disappear. Any discharge present in the eyes should be irrigated with warm Boracic Lotion, 10 per cent. In severe cases, bed and light diet, otherwise up for toilet. Lids painted with Silver Nitrate, 1 per cent.

2. PHLYCTENULAR CONJUNCTIVITIS. This form also occurs in neglected children and is characterised by the presence of Phlyctens or little blebs of Lymphoid Tissue over the Conjunctiva. They spread on to the Cornea and cause Ulceration which in these cases frequently causes permanent injury to sight.

3. GRANULAR CONJUNCTIVITIS. Contagious, affecting both eyes. In this form there is inflammation with the formation of Granules chiefly on the inner surface of the upper eyelid. The cornea is irritated by the movement of the eyelid on it. This results in the formation of a membrane containing new blood-vessels upon the Cornea, which is called the Panus and obliterates sight.

Blinds an enormous number of people in Russia, Poland, Egypt, China and Japan, also Middle East. But here more commonly found in aliens and at ports, particularly in Irish and Jewish patients.

*Treatment* in acute cases:—

(a) Isolation and avoidance of spread of infection. Nurse treating case must wear goggles.

(b) Irrigate with Lotio Hydrarg. Oxycyanide. Paint with 2 per cent. Silver Nitrate Unguentum Hydrarg. Ox. Flav. to lids at night } To reduce discharge.

(c) Removal of follicles—  
1. Rubbing with copper stick over palpebral conjunctiva and fornix. Corneal ulceration contra indicates this treatment.  
2. Painting with concentrated Hydrarg. Perchloride Solution. (Pain unbearable.)  
3. Mechanical expression of follicles. Knapps' Roller Forceps.

(d) Surgery. Excision of fornix or tarsal plate.

WOUND OF EYEBALL. May lacerate the Iris, or merely allow the latter to project through a wound of the Cornea or of the Ciliary region. In such cases the wound must be irrigated with a mild cleansing lotion. The prolapse excised, the cut edges carefully separated from the wound by a repositor, Atropine instilled, and the eye bandaged. In bed up to 15 days, depending on the condition of the eye. If red and watering and appearing to flare, removal essential to avoid sympathetic ophthalmia.

Penicillin is a great success.

CORNEAL ULCER. This is an area of localised necrosis in the cornea varying in extent, depth and shape. There is Photophobia, Lachrymation, Grittiness and Defective Vision when the Pupillary area is involved. It is accompanied by Conjunctival and Ciliary infection. The surface of the ulcerated area is without lustre. Corneal ulceration is often very protracted and prone to recur, and may result in a permanent grey scar.

Since 1925 Contact Lenses are used for recurrent ulcers for patients who were exposed to Mustard Gas during the last war.

*Cause.* Simple ulcers heal quickly, leaving no trace or only a faint scar. A virulent form of ulcer is often associated with Iritis or Hypopyon (or Pus in the anterior chamber), and may spread so as to involve the whole cornea and may perforate, the Iris becoming caught up in the perforation. Sometimes, when the infection cannot be controlled, the whole eye may become involved and suppurate—i.e., Panophthalmitis. Usually the primary infection is caused by pneumococcus, but the pus in the anterior chamber is sterile.

*Treatment.*

(1) *General.*

(a) Prophylaxis, to deal with the cause—i.e., Excision of diseased Lachrymal Sac, antiseptic treatment of a corneal abrasion.

(b) Constitutional treatment for debility in which is included a tonic, especially Cod-liver Oil, general or artificial sunlight, a Vaccine or Serum.

(2) *Local.*

The immediate cause is treated—e.g., removal of a Corneal Foreign Body or excision of a diseased Lachrymal Sac.

For the eye antiseptic Irrigations are sometimes ordered, such as Boracic Acid Lotion and/or Zinc and Boracic Lotion, Mercury Oxycyanide 1 in 8,000 to 1 in 10,000. Atropine or some other Mydriatic may be given, especially when there is accompanying Iritis. Considerable success has been achieved by the use of pure Cod-liver Oil drops, which have a stimulating and healing effect on the diseased tissue. If there is a great deal of pain due to congestion, heat is usually ordered either in the form of a Hot Bathing, or as a dry heat by an Electric Pad, which is supplied at regular intervals. Solid Penicillin daily to ulcerated area, with good effect. Eye held open, eye speculum until complete absorption.

KERITITIS. Several types.

Deep Keratitis and Keratitis disciform in this case probably due to an infection of the surface. There is a circular deep area of greyish haze with central denser area; may form an intra-corneal abscess; often leaves a dense vascular scar.

SCLEROTIC KERITITIS. Inflammation going on being extended to the sclera, deep layers of cornea are also involved.

SIGNS OF INTERSTITIAL KERITITIS. A manifestation of congenital syphilis. Boys less frequent than girls from two to 50 years of age. The other eye is affected sooner or later, runs a prolonged course about three months, then the cornea slowly clears, leaving a scar;

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