

**HINTS ON
OPHTHALMIC OUT-
PATIENT PRACTICE**

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Hints on Ophthalmic Out-Patient Practice by Charles Higgens

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Shadford Walker Esq
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From
Charles Hedges

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LONDON
J. & A. CHURCHILL, NEW BURLINGTON STREET
1877

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1877

HINTS
ON
OPHTHALMIC OUT-PATIENT PRACTICE.

SECTION I.

DISCHARGE FROM THE EYES.

DISCHARGE from the eyes, in by far the greater number of cases in which it occurs, indicates inflammation of the conjunctiva—"Ophthalmia," as it is called. Patients suffering from ophthalmia present themselves complaining of smarting pain, and they state that the eyelids are gummed together on waking in the morning; the eyes are bloodshot, the lids may be red and more or less swollen, and there is more or less profuse mucous, muco-purulent, or purulent discharge.

We should examine the ocular conjunctiva, next draw down the lower lid so as to expose its conjunctival surface, then evert the upper lid, and carefully examine the conjunctiva covering it.

In order to evert the upper lid, whilst the

patient is standing in front of us, we direct him to look downwards and close the eyes gently, then place the forefinger on the surface of the lid we wish to evert, press gently downwards and backwards, so as to make the free edge of the lid stand away from the eyeball, then place the thumb beneath the edge of the lid and lift it upwards, at the same time continuing the pressure with the forefinger; the tarsal cartilage is thus made to roll upon its long axis, and the lid becomes everted.

Should any difficulty be experienced in everting the lid—as is sometimes the case where there is thickening of the conjunctiva—we shall find that we can overcome it by using a probe in place of the forefinger. The probe should be pressed horizontally on the surface of the lid, whilst its margin is drawn upward by seizing the eyelashes between the finger and thumb of the disengaged hand.

The varieties of ophthalmia commonly met with are—Catarrhal (C. O.), Chronic (Ch. O.), Granular (Gr. O.), Purulent (P. O.), and Phlyctenular (Pht. O.).*

Catarrhal Ophthalmia is characterised by

* The letters in brackets are abbreviations.

rather profuse muco-purulent discharge, general injection, and sometimes swelling of the conjunctiva, with, in many cases, small blood extravasations in the substance of its ocular portion. As a rule both eyes are affected, the disease having commenced in one and spread to the other in the course of a day or two; it is acute in its course, and is highly contagious; we frequently see—amongst the out-patients—whole families affected.

Treatment.—In the early stage, if there be much pain and congestion, with only scanty discharge, we use fomentations of poppyheads; subsequently, when the discharge has become free, we order alum lotion—gr. vj to water ℥j—to be applied* to the eyes three, four, or six times a day, or oftener, according to the severity of the attack; we prescribe the mild nitrate of mercury ointment—*i.e.*, one part of the ordinary ung. hyd. nitratis to eleven of lard—to be applied to the edges of the eyelids on going to bed.

* Alum lotion can be best applied by bathing, the eyes being partially opened during the application, so that some of the lotion gets between the lids. The ointment is only used to prevent the lids gumming together, and any simple ointment is equally as efficacious as that recommended.

Chronic Ophthalmia is often a sequel of the foregoing. It is characterised by injection of the palpebral conjunctiva, and some swelling of the semilunar fold and caruncle, the ocular conjunctiva being but little affected; the discharge is only slight, and consists principally of mucus, which collects in little masses at the inner canthi, and dries upon the margins of the lids, forming a scurf.

Treatment.—Alum lotion may be used, as in catarrhal ophthalmia, or we order guttæ zinci chlor.—gr. j or gr. ij of chloride of zinc to water ℥j—to be dropped into the eyes two or three times a day. It is, however, well to ring the changes between the chloride and sulphate of zinc, sulphate of copper, or other astringents, as after a time any single one loses its effect. We also order some ointment* to be applied to the

* Of late the ointments employed in the ophthalmic department have been made with vaseline instead of lard. Many of them have to be kept for considerable periods, and the lard frequently decomposes, whilst vaseline will keep in exactly the same condition for any length of time. The application of drops should be made by drawing down the lower lid, and applying a small quantity of the solution to its conjunctival surface, with either a quill or camel's-hair pencil.

edges of the eyelids at bedtime, to prevent their gumming together.

Granular Ophthalmia is a much more serious affection than either of the foregoing. The usual symptoms of ophthalmia are present, and besides the patient often complains of a feeling of roughness about the eyelids; there may be much pain, and intolerance of light; the lids may be thickened, the cornea may be more or less opaque and vascular, the condition known as "pannus" having been developed. The lids may be distorted, giving rise to inversion of their margins—"entropion;" or some of the eyelashes may be misdirected, and turn inwards—"trichiasis." On exposing the palpebral conjunctiva by eversion of the lids, we find it rough and vascular, and covered more or less thickly with granular bodies of various sizes and shapes, or perhaps deeply scarred, ridged, and furrowed, all trace of the healthy membrane having disappeared. We notice that the changes in the conjunctiva are most marked about the attached or upper border of the superior tarsal cartilage. The condition in which we find the conjunctiva varies with the length of time the disease has existed; in early cases we find red, or pale, granular bodies; in later ones the scarred,