

# **ULCERATION OF THE CORNEA**

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## PREFACE

THE author has attempted in the following pages to state the present position of our knowledge regarding corneal ulcers.

His thanks are due to Mr. Lister, Prof. Wintersteiner, Dr. Bronz, and Prof. Axenfeld for the use of sections. To Geheimrat Saemisch for reading and approving of the translation on p. 30 from *Das Ulcus Serpens*. To Dr. Zur Nedden for permission to use Fig. 16, and to Prof. Axenfeld for the drawings from which Figs. 13, 14, and 19 were made. To Messrs. Weiss for the use of blocks 2, 3, and 7.

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## INTRODUCTION

THE importance of the integrity of the cornea requires no emphasis. The fall in the economic value of the individual, due to any loss of transparency in that small area, is so out of proportion to the actual damage done, that it makes the cornea one of the most important structures in the whole body.

Although our knowledge of corneal ulceration is far from complete, the importance of the subject appears sufficient to justify an attempt to collect together the facts which have been ascertained, and to classify them on some scientific basis. It will readily be apparent how scanty our knowledge is, and how much work remains to be done. While so many observers appear willing and able to collect information on this subject, as evinced by the papers appearing in the medical press, it is to be regretted that no small proportion of the energy thus available is expended on unnecessary repetition of observations which require no further confirmation. Were it possible to direct this energy towards the solution of those problems which still remain obscure, substantial progress might result.

Our knowledge of corneal ulcers being very patchy,

the natural result follows that this work will be fairly complete concerning some subjects, and extremely vague and indefinite about others. An attempt has, however, been made to indicate the full range of the subject, and to render our ignorance as obvious as our knowledge.

The cornea is fortunately situated so that any change in its condition can be readily seen and accurately studied. The accumulation of facts is thus rendered easy; but until a rational basis is discovered on which such clinical phenomena can be classified, investigations appear to increase rather than decrease the complexity of the subject.

In recent years many excellent researches have been carried out to determine the pathology of the destructive lesions of the cornea. The results of these have been to compel us to give up the old classification of ulcers from their most obvious features, such as the presence of a hypopyon, the tendency to perforate, or the association of a conjunctivitis, and to group them according to the special organisms found to be present. This bacteriological classification has the great advantage over any other in that it gives us an excellent test of identity, and that it brings together those conditions which result from the action of the same cause.

Any practical method of treatment must depend on a diagnosis which can readily be made. A complete and thorough bacteriological examination of every corneal ulcer is not always practicable; the clinical