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OCULAR THERAPEUTICS.*

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The affections of the eye dealt with in the present paper are under constant observation by almost every general practitioner, and the remedies mentioned should be in every surgery.

The essential objects of all therapeutics are three: 1st, Removal of the cause; 2nd, Checking the morbid action; 3rd, Restoration of the normal condition. It is true in many cases that when we succeed in removing the cause, nature supplies the other two requirements; but there are also cases in which nature's action may be stimulated and assisted by the judicious application of scientific therapeutics.

The conjunctival mucous membrane is subject to the same kinds of inflammation as other mucous membranes, in addition to which it suffers from the granular and phlyctenular forms which are peculiar to it. The treatment, therefore, of ophthalmia is essentially similar to the treatment of inflammations of other mucous surfaces.

It is not sufficiently widely recognized that the surface of the eye is lubricated by the mucous secretion of the acinous glands of the conjunctiva, and not by the tears. This is shown by the fact that excision of the lachrymal

gland does not affect the surface of the eyes, while in xerosis—in which there occurs atrophy of the conjunctival glands—the surface of the eye is dry and lustreless. The knowledge of this point is sufficient to stimulate us to renewed exertions in chronic and intractable affections of the conjunctiva. Another point which should never be lost sight of is that the transparency of the cornea is greatly dependent upon the condition of the surfaces which come into contact with it, and roughness of the palpebral conjunctiva may seriously affect the vision.

No distinct line of demarcation can be drawn between any of the forms of conjunctival inflammation, as they may merge into each other or be of a mixed character from the beginning.

A cardinal rule in the early and acute stage of mucous inflammations, is to avoid astringents or stimulating applications. The requirements of this stage are best met by placing the organ at complete physiological rest, cleanliness, the application of cold or warmth, and attention to the general condition. Rest is best secured by keeping the patient in a darkened room. A single instillation of atropine will successfully prevent a refractory patient from reading for at least a week, but the continued instillation of atropine is contra-indicated where the conjunctiva alone is affected. Bandages should also be avoided in conjunctival affections. Cleanliness demands constant attention when the eye is discharging freely. A saturated solution of boracic acid is probably the most soothing wash possessing antiseptic properties; it should be

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