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REMARKS ON THE TREATMENT OF GONORRHŒAL OPHTHALMIA.*

BY F. BULLER, M.D.

Professor of Ophthalmology, McGill University.

The developments of bacteriology have given a new impetus to the therapeutics of eye diseases, and especially to the search after remedies suitable for the cure of the more severe forms of inflammation of the conjunctiva. Of these, the acute purulent ophthalmia caused by contagion of gonorrhœal virus is undoubtedly the most dangerous and destructive. The severer cases of opthalmia neonatorum might, perhaps, all be placed in the same category, and although we still, unfortunately, meet with many cases of loss of sight in one or both eyes from this affection, it is something to know that such a result is almost always due to neglect or improper treatment, for in the hands of competent ophthalmic surgeons a cure of this disease without loss of vision is, as near as may be, a matter of certainty. Not so, however, in gonorrhœal ophthalmia of older persons. Up to the present time, so far as I can ascertain, no plan of treatment ever yet suggested will prevent great impairment or total loss of vision in a large percentage of such cases.

A review of the literature on this subject during the past five years would show an extraordinary divergence in the views of skilled therapeutists in regard to the treatment of this disease. Some use hot applications from the outset; others, constant cold applications until the inflammatory process is well on the decline. Some begin, continue and end with caustics and astringents; others eschew them entirely. Some employ caustics and antiseptics; others, antiseptics without caustics or strong astringents. Only on one point all are agreed; that is, the necessity for frequent cleansing of the diseased eye. And most are agreed as to the expediency of protecting the fellow eye by some mechanical contrivance, if only one be affected.

Latterly there is a growing tendency to employ such remedies as are known to have powerful antiseptic properties. A complete list of the remedies more or less in vogue on account of their supposed efficacy in this direction would be a very long one. I will mention only those I have seen most frequently recommended in current literature. They are quinine, chloral, boracic acid, oil of cade, resorcin, red oxide of mercury, peroxide of hydrogen, salicylic acid, salicylate of soda, iodol, binoxide of mercury, carbolic acid, iodoform, and perchloride of mercury. Of these, the last three take the highest rank, and in the order given. There are plenty of cases recorded where acute purulent conjunctivitis, treated chiefly by one or other of these agents, has terminated satisfactorily, and sometimes the cure has been astonishingly rapid, but as yet no one has dared to vaunt them as specifics; this could only be done after a long series of the most virulent cases had been treated with uniform success. Such a series has, so far as I am aware, never been published, and if it had, I, for one, would remain sceptical until positive proofs of its truthfulness were furnished. Nevertheless, I have strong hopes we shall achieve such a result in time. As yet, the treatment of conjunctival inflammations by so-called antiseptics must be regarded as a promising method still in its infancy. Assuming, for the sake of argument, that the various forms of conjunctivitis are characterized by, and perhaps dependent on, the presence of certain forms of micrococci, no one will pretend to say that we know all about these organisms from a therapeutic standpoint. What, for instance, are their differences in vitality or in their power of resisting germicide agents? Can we ever be sure of reaching them in such a structure as the conjunctiva so thoroughly as to destroy them without destroying the tissue in which they are working mischief. As long ago as 1881, A. Gräfe attempted to define the usefulness of antiseptics in diseases of the conjunctiva,

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