THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, DEC. 1ST, 1875. No. 4.

Original Communications.

ON SOME PRACTICAL POINTS IN THE MANAGEMENT OF DISEASE OF THE EYE COMMONLY MET WITH BY THE GENERAL PRACTITIONER.

BY A. M. ROSEBURGH, M.D., SURGEON TO THE TORONTO EYE AND EAR INFIRMARY.

I. Catarrhal Conjunctivitis.—In preparing a a paper to be read before this Association it has been my endeavour to write a practical paper that would be interesting both to those of extensive and to those of limited experience in Ophthalmic Medicine and Surgery. I have purposely omitted all unnecessary technicality and I have avoided all pathological points not absolutely necessary for the purposes of this communication. I wish to direct your attention to some practical points in the treatment of those forms of eye-disease more frequently met with by the general practitioner, namely, certain diseases of the conjunctiva and cornea.

Of simple conjunctivitis, I would merely say, in passing, that it is nothing more than a passive congestion of the ocular conjunctiva, with no œdema, and with very little discharge. It does not usually run a course of more than one or two weeks and readily yields to a simple astringent, such as that of the solution of the sulphate of zinc, of the strength of from one to two grains to the ounce of distilled water and applied three or four times a day. In purulent conjunctivitis we have the other extreme, the inflammation being most intense, and frequently total sloughing of the cornea in a few days. The characteristic symptoms are œdema and elongation of the upper eyelid with copious creamy discharge from the conjunctival surface. The conjunctiva and sub-conjunctival tissue is intensely infiltrated, and raised into a hard ring around the cornea, giving rise to the condition called *chemosis*. This form of ophthalmia is very contagious; but fortunately, in Canada it is as rare as it is destructive. Catarrhal conjunctivitis occupies a position between these extremes and is the form of ophthalmia to which I wish at this point to specially direct your attention. At the Toronto Eye and Ear Infirmary about 4 per cent. of the eye cases are registered as cases of catarrhal conjunctivitis; but this percentage does not fully represent the relative frequency with which these cases occur in Western Canada, as patients with acute inflammation of the conjunctiva are seldom sent on long journeys to be treated as hospital patients. Catarrhal conjunctivitis in Ontario is characterized by congestion and an œdematous condition of the ocular conjunctiva with muco-purulent discharge. There is little infiltration of the sub-conjunctival tissue, and the conjunctiva, though raised and deeply colored, remains soft and movable. The upper eyelid does not become elongated or the integument œdematous, and the cornea very rarely takes on suppurative inflammation. It is contagious in the acute stage only, and then only by direct contact of the discharge with the conjunctional surface. When one eye is affected, usually in six or eight days, the other one becomes affected also, unless special precautions are taken to prevent the discharge from passing from one eye to the other. I find the disease more prevalent among farm labourers and shanty men, where very frequently one wash basin with one towel, is made to do duty for a number of persons. So far as these cases have come under my observation from the Province of Ontario, and the neighboring States of New York and Michigan I find that, not unlike the exanthematous diseases, they run a regular course, which is usually from two to four weeks of acute inflammation, when the œdema and vascularity of the ocular conjunctiva subside and the patients affirm and believe that their eyes are perfectly cured; but upon everting the eye-lids the palpebral conjunctiva will be found to be velvety and the papillæ already somewhat hypertrophied. In many of these slight cases I doubt not, that this hypertrophied condition recedes spontaneously but in other cases, and I think the larger number, the disease, when inefficiently treated, extends to the sub-conjunctival tissue, and the papillæ become very much elongated, giving rise to the condition erroneously called "granular

* Read before the Canadian Medical Association at Halifax, N.S., on the 4th of August, 1875.