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Progress of Medical Science.

OPHTHALMOLOGY FOR GENERAL PRACTITIONERS.

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One of the most frequent mistakes with physicians is to treat every form of conjunctival hyperæmia with astringents; and often, without investigation, the patient is sent away with a lotion of zinc, or, worse still, of lead, for a *phlyctenular conjunctivitis* or an iritis, where a very different kind of treatment is needed, and where astringents, particularly lead, are positively hurtful. A little care is needed, and only a very little, to distinguish simple from phlyctenular or strumous conjunctivis. Thus in phlyctenular inflammation, the eyes weep more, light is painful, the eye improves toward evening as the light fades. The little phlyctens or ulcers can be seen scattered over the conjunctiva—perhaps on the corners—forming little red congested areas, differing from the uniform diffuse redness of catarrhal conjunctivitis. This irregular injection is quite characteristic, and should be looked for in all cases in children.

The disease is almost always confined to childhood, especially when occurring for the first time. Catarrhal conjunctivitis, on the contrary, is worse at night; the redness is uniform, the cornea is seldom affected, there is little pain, no photophobia, less lachrymation than in the strumous type, and occurrs most commonly in adults.

Phlyctenular conjunctivitis should be treated by the instillation of a one to two grain solution of atropia, three times daily, the strength varying with the age of the child. The youngest can bear the one-grain solution if used with care, and the physician can always use the four-grain solution for his own convenience, without danger, if he simply lets one drop fall into the eye, and turn the head so that the tears flow away from the nasal duct. Every other day the physician should dust into the eye some *prccipitated* calomel (not the ordinary drugs of the shops) with a camel's hair brush, directing the mother to use the atropine three times daily; the dilation of the pupil will show how faithfully or negligently she follows his instructions.

A capital point in these cases is this: If there be much photophobia and ciliary congestion, first use the atropine to reduce this condition somewhat before resorting to calomel; then begin with the mercurial. If, on the contrary, the *conjunctiva* be most affected, and the *cornea* but little, as evidenced by lack of ciliary engorgement and photophobia, then use the calomel freely from the first. Of course this local treatment must be supplemented by proper general measures, such as cod-liver oil, syrup of the iodide of iron, etc.

A capital lotion in mild forms of simple conjunctivitis is that of Dr. Williams, of Boston, viz: Acidi boraci, gr. v: aquæ camphoræ, ℥ j; Mix. This, with the following lotion, will relieve any mild case of conjunctivitis: ℞. Spt. lavend. simp.; spt. vini gallici, aa ℥ ss; spt. rosemary, ℥ ij; Mix. The first lotion is to be dropped into the eye night and morning; the second is to be used as a mild evaporating application to the outside of the lids. Care should be taken to secure the simple spirits of lavender, as the aromatic spirits will not answer. In severer cases the zinc lotions can be used, two grains to the ounce of distilled water, or alum,