

The Treatment of the Ocular

Complications *in Leprosy*

HENRY KIRKPATRICK.

IT is difficult to be optimistic when undertaking the treatment of the ocular complications of leprosy; one hopes, however, that some favourable response to general constitutional treatment may occur, and that, during a remission in the course of the disease, the progress of the eye trouble may be arrested, and that part of the damage already inflicted may in some degree be repaired. Although there is but little prospect of bringing the local disease to a halt whilst the constitutional disease continues active and the general resistance low, yet much may be done to lessen the destructive process and to afford some help to the sufferer.

The most important point to bear in mind is that the natural defences of the ocular tunics are likely to be impaired by a loss of sensation and by trophic changes. In some cases, too, a paralysis of the orbicularis leads to the ectropion of the lower eyelid, and to an exposure of portion of the cornea and bulbar conjunctiva in consequence. Adequate protection must therefore be provided, and wind proof goggles should be worn whenever the patient is exposed to dust and wind. Liquid paraffin, instilled into the conjunctival sac three or four times a day, forms a protective film and lubricates the membrane. A pad and bandage should be worn at night if the action of the orbicularis is defective since dessication is very liable to occur during the hours of sleep. The maxim that "prevention is better than cure" must be kept in mind, and protection should be afforded before well defined symptoms of irritation occur.

A simple, and quite a satisfactory, method of dealing surgically with an ectropion of the lower lid, caused by a paresis or paralysis of the orbicularis in anæsthetic leprosy, is the excision of a V-shaped portion of the lid. The apex of the V should, of course, point towards the lower fornix, and care should be taken to unite accurately the margin of the lid where skin meets conjunctiva. A tarsorrhaphy may be performed if preferred. This is also a simple procedure—the lid edges at the outer canthus are split and the raw surfaces are united by sutures.

Uveal inflammations constitute the most serious and destructive ocular complications of leprosy. It is necessary to watch for the first signs of their onset in order that treatment may be started before irreparable damage has been done. It is all important to secure full dilation of the pupil once an attack of iritis has been recognised. Otherwise the iris soon forms adhesions to the lens capsule, and the pupil becomes blocked by an inflammatory exudate. The eye of a leper often seems to tolerate atropine badly, and hyoscine drops may be substituted in such cases. A solution of hyoscine hydrobromide, 2 grains to the oz. of water, may be used, but special care must be taken to prevent its passage through the canaliculi by maintaining pressure for two minutes at the inner canthus over the site of the lachrymal sac. Sometimes this pressure is made too far forwards and then symptoms of hyoscine intoxication may occur, since the object has not been achieved. The application of three or four leeches to the temple is frequently most helpful if vascular congestion is at all marked. Subconjunctival injections sometimes seem to do good, more especially when the acute stage of the inflammation is subsiding.

Factors which might aggravate the disease must not be overlooked. Sources of focal sepsis, which are quite frequently present, should be eradicated, and active venereal disease should be treated.

Unfortunately despite the best endeavours of the surgeon occlusion of the pupil by an organised exudate may occur and lead to great impairment of vision. An iridectomy should then be performed; any operative interference, however, should be delayed until the eye has become absolutely quiet. Lepers are far from being immune from cataract, indeed they are more likely to suffer from this disease than are healthier people; one need not hesitate to operate provided the eye is quite free from inflammation.

Eye disease in a leper is without doubt always a cause for anxiety; but much may be done to prevent its occurrence and to mitigate its severity if the surgeon is watchful.