

My Notes & Procedures

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Diseases of the Uveal Tract

It will be remembered that the middle pigmented coat of the eye consists of the iris, the Ciliary Body the choroid. These are often grouped together as uveal tissue and it is common for two or more of these to share in an inflammatory process. This generalised inflammation of the uveal tract may be called *uveitis*. The treatment for all three is much the same. Atropine is used to dilate the pupil and put the Ciliary muscle at rest. An eye shade or dark glasses are used to give protection from light and a search is always made for possible focal sepsis or disease in other parts of the body, which may have given rise to the uveal inflammation.

Possible causes of uveal inflammation are :

- Diseases of cornea, e.g., corneal ulcer.
- Dental caries (Have teeth X-Ray-ed).
- Throat and nasal sepsis (X-Ray sin-uses, and examination of nose and throat by E.N.T. surgeon).
- Tuberculosis (Mantoux test and X-Ray chest).
- Syphilis (W.R. and Kahn tests).
- Gonorrhoea.
- Rheumatism
- Pelvic and urinary infections.

As the symptoms differ, all three types of uveal inflammation are considered separately.

Iritis.

Inflammation of the iris. The eye looks red, especially the part near the cornea. The cornea is clear and the pupil small and fixed. The iris may be a

different colour to the normal eye (muddy). Adhesions of the iris to the front of the lens may form Posterior Synechia and these prevent the iris dilating uniformly when a mydriatic is used. The patient complains of pain, photophobia, lachrimation and blurring of vision.

Treatment. Atropine 1% is used three times daily to dilate pupil and stop adhesions forming to the lens. Frequent hot bathing with "wooden spoon" method. An eye shade or light bandage is used to give protection from light. Mydricaine which is a powerful mydriatic is sometimes injected under the conjunctiva to dilate a pupil and break down adhesions which are forming. (The eye is first cocaineised). General treatment is instituted to deal with any causes of the iritis, which have been discovered. A complication is a rise of pressure in the eye (secondary glaucoma) due to the exudate in the anterior chamber interfering with the aqueous drainage; or to interference with aqueous drainage by adhesions of iris to cornea or lens. In this serious complication it is usually best to continue to use atropine as when the iritis is controlled the secondary glaucoma will be relieved. However, it is sometimes necessary to discontinue Atropine and even use Eserine drops.

Cyclitis.

Is inflammation of the Ciliary Body. As might be expected it is often seen in association with iritis and then is called Irido-Cyclitis. The eye may

look normal or only very slightly red in cyclitis. The iris and pupil may be normal in appearance also. When the cornea is examined in a very strong light very small spots of exudate are seen on the back of the cornea. They look rather like little spots of mutton fat. They are Keratic Precipitates and usually referred to as "K.P." They are often the only evidence that cyclitis exists. The albuminous exudate from the inflamed Ciliary Body has passed through the pupil from the posterior chamber to the anterior chamber and condensed on the back of the cornea.

Treatment. Atropine drops and hot bathing and, of course, treatment of any discovered underlying cause, is the usual line of treatment ordered.

Choroiditis.

Is inflammation of the choroid. The eye will probably look normal on inspection. Vision may be seriously interfered with. The condition is diagnosed by the surgeon examining the interior of the eye with the Ophthalmoscope. Treatment is usually with Atropine and of the underlying cause, if discovered.

Letter to Editor

Dear Editor

The graduate nurses and students, look forward each month to receiving the *Nursing Journal of India*. The journal has improved much in recent years and is continuing to improve. The editorials are informative, interesting and challenging, and I was especially thrilled by the one in the last journal, the July one. It is wonderful to be a member of such a great and noble international organization, the I.N.N., and what a great responsibility it is, too. We must each one accept this responsibility and constantly work together and wherever we are, to work to accomplish and maintain a high standard of nursing. Are we really striving to do this or are we only on the surface appearing to be doing so while in actual practice our students and staff are not reaching these ideals?

Recently I received a letter from a graduate nurse who had just gone to a medical college hospital to work as a staff nurse. She was having many conflicts as she was finding it impossible to practise the principles of asepsis, accuracy in taking temperatures, and on giving good nursing care as she knew it to be. Her guide was the

Golden Rule, "All things whatsoever ye would that men should do to you, do ye even so to them." She had been taught as a student that no thermometer should be put into a patient's mouth unless it was clean enough to be put into her own mouth, and so with all articles used for a patient. So imagine her conflicts when she went to the paediatric department of this hospital and found over seventy children as patients, but only one thermometer for taking the temperatures; and all temperatures were taken in the axilla. All of us know that that is the least accurate way of measuring the temperature of the body, and it is not accepted by doctors in many hospitals. Thirty or more penicillin injections were being given to the children, but only one syringe and one needle was there to be used for this procedure. The syringe and needle were only immersed in normal saline to 'sterilize' them! What about the principles of bacteriology? What about the Golden Rule? We all know penicillin is often given in the treatment of syphilis. Would you or I like to have an injection with such a needle after it had been used for one who is being treated for syphilis, then 'sterilized' in this manner? In this