THE MANAGEMENT OF CERTAIN INTRACTABLE LID CONDITIONS *

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Seborrheic forms of blepharitis marginalis of long standing are not always easy to dispose of by the correction of errors of refraction and the application of ointment of yellow mercuric oxid. There are probably few present who have not been sadly disappointed in their expectations of a cure from this treatment. In many of these cases there is an underlying systemic cause which is often hard to find and, when found, harder to correct. Long years of uncorrected eye strain, bad hygiene and improper use of food and drink have brought the patient to such a state that our ministrations can at best only partly restore the eyelids to a normal appearance. After the disease has become chronic, it resolves itself locally into a chronic infection of the follicles of the eyelashes. I am inclined to think that it is at first a nutritive disturbance and that the infection is secondary. If several lashes are pulled from such a lid, in a mild state of blepharitis, it will be observed that some of them come away more easily than others and that their roots are black. The lashes, if left alone, would fall out in a few days' time. This disturbance of nutrition may be occasioned by errors of refraction which lower the resistance to infection, or some physical state which acts as the predisposing cause. The correction of the error of refraction and the use of yellow oxid ointment will generally bring about a temporary improvement, but, in the stubborn cases we are considering, the underlying general constitutional cause must be eliminated. In many instances, I do not consider myself competent to do this and prefer to refer the case to an internist in whom I have confidence.

In our altitude, anemia is most frequently found as the underlying constitutional cause. These blepharitic subjects are usually washed-out looking individuals, in whom an examination of the hemoglobin percentage shows it to be low; possibly also the red cell count is considerably below normal. The usual method of giving iron by mouth is of doubtful value, while iron and arsenic, or citrate of iron and manganese given hypodermically, are definite and prompt in their results. There are so many physical disturbances to be considered that we may dismiss the subject with the statement that each case must be studied carefully, and when abnormal physical states are discovered, an intelligent attempt must be made to correct them. I confess that this is often easier said than done, but if the patient is a child, as is usually the case, and the cooperation of the family can be obtained, not only brilliant results follow, but the child has been started on a new road to health and well being.

CHRONIC CONJUNCTIVITIS

In many instances this affection is a very simple affair and responds to a number of different stimulating and astringent remedies. Every now and then, however, we see a case which does not differ from the others in appearance, but which does not respond to local treatment. There is some reason, of course. Errors of refraction have been corrected, but the

patient continues to complain of irritation, and the palpebral conjunctiva shows marked signs of being inflamed. A pathologist is called in, but almost always reports, "No growth and no bacteria found." I have worried over many of these cases and still continue to do so. Many of the patients are robust, and nothing can be found physically wrong with them. Others are found to have various systemic disorders, but whether more than are to be found in the average of individuals is a question. It is proper to attempt to correct these physical disabilities, because in a large number of the cases the conjunctivitis is secondary to some physical defect. In a small minority, however, nothing seems to do any good, either in the way of local or general treatment. I hope the discussion will bring out the remedy which I am unable to supply.

EPIPHORA

The overflowing of tears and the frequent filling of the eyes with water is a common symptom in elderly people. It is also frequently seen in comparatively young people who have spent a large part of their lives outdoors. It is always necessary to exclude dacryocystitis by syringing through the duct before it is possible to make a diagnosis of simple epiphora. In senile epiphora the cause lies in the flabbiness of the skin of the lower lids and relaxation of the orbicularis muscle.

The puncta of the lower lids, if inspected closely with a binocular head loupe, are visible without the necessity of making traction on the lower lids. The normal punctum is not visible, being turned in against the eyeball. A certain amount of eversion will not disturb the capillary attraction of fluid, but just as soon as the eversion has passed beyond a certain point, there must be a lake of tears formed before the fluid will flow into the punctum. The efforts of the patient to prevent the overflow by wiping the eyes is usually accompanied by a movement of the handkerchief outward and downward. The relaxed lid is mechanically everted more and more by this faulty wiping until the punctum is found displaced completely outward on a rounded, thickened lid border. It may be so far out of position as not to be functioning at all. From this stage, it is only a step to complete ectropion of the lower lid. The overflowing of tears causes a chronic dermatitis of the lower eyelid and adjacent skin. This leads to skin contraction, and the lid border is pulled on as though contractile collodion had been painted over the skin surface.

In the younger subjects with weather beaten skins, the same process takes place. In these cases, however, the tightly drawn skin over the cheek bones is the primary cause of the outward displacement of the punctum. As soon as it is everted to a position in which the lake of tears forms, the wiping of the eyes and the irritation of the skin from the water flowing over it rapidly causes ectropion of a most pronounced character. I have seen many cases from our cattle ranges in which the fornices of the lower lids were completely exposed as a red granular looking surface, presenting a most repulsive appearance. I have frequently noticed that these very bad cases were in "sandy complexioned" people.

The management of simple epiphora, whether the patient be old or young, depends on the extent to which the puncta are everted. If they are slightly everted, the patient should be directed never to make dragging movements on the lower lids when wiping

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the eyes. He should be taught always to make pressure toward the inner canthi. Facial massage with cold cream should be practiced each night for ten minutes, the movements of the tips of the fingers being directed over the skin of the cheeks toward the inner corners of the eyes. Correct wiping of the eyes and this daily massage will usually restore the puncta to their normal position.

If the eversion has passed beyond the stage at which this simple treatment will replace the puncta in their normal positions, more radical measures are in order. It has been my practice to dilate the punctum and then introduce one blade of a pair of Stevens tenotomy scissors vertically down to the bottom of the punctum, the other blade being directed toward the eyeball, and to make a snip of the lid tissue between the two blades. This cut must be kept open by daily breaking its lips apart with a punctum dilator, until it remains open. This causes a lowering of the punctum so that the tears will run into it before a lake has formed.

Another method that has given me much satisfaction, especially when the patient lives out of town and is in a hurry to get home, is, after making the vertical snip, to pass one blade of the scissors about 2 mm. along the canaliculus and make a snip, then with a pair of forceps pick up the little triangular flap which lies between and cut it off. This leaves a triangular hole on the inner surface of the lid. Its edges heal in a few days, and usually there remains a large artificial punctum, the lower margin of which gathers in the tears before a lake has formed. No after-treatment is required, as its edges are far enough apart to prevent their healing together, as is the tendency when the single vertical snip is made. In the extreme cases of eversion, in addition to the measures already outlined, I have found Ziegler's method of cautery puncture of the conjunctiva and tarsus of great value. If the entire lid is everted, a row of cautery punctures about 4 mm. apart will have to be made. If only the inner half of the lid is everted, two or three punctures in the everted portion of the lid will suffice.

CICATRICIAL TRACHOMA

In Colorado we are fortunate in having little trachoma to deal with, but we do have some. The cicatricial forms are just as bad with us as elsewhere, or worse. This may be because our bright sunshine and dust cause the patient great discomfort. Once pannus and recurring corneal ulceration have begun, it is only a matter of time until the patient is almost blind. If anything can be done to cause the pannus to disappear the corneal ulceration will stop, and it is surprising to what an extent these corneas will clear. Even though the corneas are hopelessly damaged, the photophobia and general ocular irritation will be so improved that the patient is comfortable and most thankful. Plastic lid surgery has its place in bringing about this result, but, above all, it seems to me that the diseased tarsus must be excised.

I believe that Kuhnt was right when he said, "The excision of the tarsus is the last word in the management of cicatricial trachoma." The operation, as performed by Kuhnt, Wood and others, is a most formidable procedure because of the sutures. The patient is rendered very uncomfortable for a week or longer, and the removal of the sutures is often difficult. It is a hospital operation because a general anesthetic is necessary.

Some years ago, I saw L. Webster Fox perform an excision of the tarsus, using no sutures. It was so simple that I went home and tried it, and since then I have never used a suture after excising the tarsus. Instead of a hospital operation, it becomes a simple office operation and is performed as follows: A 2 per cent. solution of procain (novocain) is injected through the skin of the upper lid into the tissues overlying the tarsus at the inner, outer and middle portions. The lid margin is then grasped with a pair of tenaculum forceps and everted over a horn spatula, and more of the same anesthetic is injected into the conjunctiva and tarsus in a few places. To control bleeding, the lid is pulled tight over the spatula. An incision with a knife is made through the conjunctiva and tarsus parallel to the lid border; and about 2 mm. from it, another incision is made at the upper margin of the tarsus. The outer angle of this island of tarsus is picked up with forceps and the tarsus dissected away with curved scissors. One or two arteries spurt a little, but are easily controlled by torsion. The operation is over. The lid is turned back into position. Hot applications are made until all bleeding has ceased. The eye is filled with an ointment of mercuric chlorid and petrolatum and bandaged, and the patient is sent home.

I usually do one eye at a time. The next day the eye is dressed and not closed after that. The patient walks away with the eye open and is no more inconvenienced than before the operation. In a few days the lid is everted to see if exuberant granulations are forming. If so, they are snipped off or cauterized with a silver stick. In three weeks the lid has healed. It is smooth, and the old diseased tarsus which has played so conspicuous a part in causing the corneal disturbance is gone forever. I used to dread to see patients with cicatricial trachoma come into my office or my clinic. I now rather enjoy their coming, for I feel that I have something to offer that will bring results that are sure and swift.

ABSTRACT OF DISCUSSION

DR. J. SHELDON CLARK, Freeport, Ill.: Clamps and other instruments used for holding the lid after it is everted may be discarded for an instrument designed by Stanculeanu of Bucharest. It is something like a lid retractor. The lip of the retractor is cut off, leaving a straight edge that permits one to hook up the lid and evert it. The instrument is put in from above, the lid is everted over the elevator and then is held up in position while proceeding with the operation. It controls the bleeding very nicely, causes no pain and is very satisfactory.

DR. OLIVER TYDINGS, Chicago: About fifteen or sixteen years ago a man, about 40 years of age, came to me to be refracted. I noted the blepharitis marginalis, and suggested that he be treated. He refused treatment. Five years afterward he came back because he had reached the age of presbyopia and wanted another pair of glasses. He also consented to have his lids treated. The treatment, which consisted of massage, extended over a period of about eighteen months.

Massage was given two or three times a week at first and then at longer intervals, all the follicles were expressed, and then the margin of the lid was painted. Massage, the application of about 15 per cent. of silver nitrate, and the use of yellow mercuric oxid and mercuric chlorid ointment resulted in a good recovery. I have never seen a case that could not be improved. I do not think that there is any relation between refraction and blepharitis marginalis.

CAPT. H. B. LEMERE, Camp Mead, Omaha: I have used the procedure Dr. Black recommends in trachoma and I can cor-

roborate everything he says about the operation. I modified the operation slightly. I use a lid clamp. By dissecting one end of the tarsus at a time and then moving the lid clamp on to the other end, I can do the operation practically without any blood obscuring the field. The operation can be done quickly and the patient is an ambulatory case.

A REGISTRATION FEE FOR PHYSICIANS *

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At a committee meeting held in connection with the Illinois State Medical Society in Springfield, a prominent member of the society made a speech in violent opposition to a proposal for an annual state registration fee for physicians. His main argument was that medicine, being the oldest and most honorable of the professions, was in a class by itself, and that it was entirely beyond reason to think that the physicians could ever be grouped for registration purposes with architects and barbers, blacksmiths and plumbers, dentists and druggists, structural engineers and veterinary surgeons, all, of course, so he implied, far beneath the physicians in dignity and honor. He was exactly like one who would magnify the "noblesse" and forget the "oblige"; who would stand unmoved when the things he was pledged to defend to the death were insolently attacked. And that is the text for what follows:

The Civil Administrative Code of Illinois specifically provides that the officers of the Department of Registration and Education, under whose jurisdiction the administration of the Medical Practice Act comes, shall be neutrals. The exact language is:

The Director of Registration and Education, the Assistant Director, and the Superintendent of Registration shall not be affiliated with any college or school of medicine, pharmacy, dentistry, nursing, optometry, embalming, barbering, veterinary medicine and surgery, architecture or structural engineering, either as a teacher, officer or stockholder, nor shall they hold license or certificate to exercise or practice any of the professions, trades or occupations regulated.

The officers of the department approached the work of enforcing the Medical Practice Act without any bias, but, confessedly, with something of the accustomed reverence for medicine as a great and honorable calling, represented by men of far more than ordinary professional ideals. They expected to find a medical nobility, with a lively appreciation of its obligation to protect its honor. They confidently looked to find the drawn sword and the defending shield bearing the significant words, "No one attacks our profession with impunity."

But this is what they actually found, during a year's experience and study:

DISCOURAGING ELEMENTS IN ILLINOIS MEDICAL SITUATION

They found a poorly organized profession, with less than half of its members associated in its state society, and with no clearly outstanding champions ready to tilt their lances against foes of medical honor. The *Bushido* ideals of the sometimes despised Japanese were nowhere in evidence. The unity and professional

spirit of other crafts, often ridiculed by physicians as of far lower social standing, were entirely lacking.

They found an army of advertising charlatans, some with fixed offices and others appearing "for one day only," making extravagant claims of curative skill in handling all diseases, specialists in everything, blatant fakers, robbing the poor and the ignorant, preying on the superstitions of gullible foreigners, as bold and daring bandits as ever sandbagged a lone wayfarer at night; and yet unattacked in any effective way by the plumed knights of medical chivalry, but permitted to continue in shameful practices that would not be tolerated for a day by representatives of other professions and trades counted far inferior to medicine.

They found a motley array of so-called "doctors," of every name and cult under the sun; regulars, homeopaths, eclectics, osteopaths, chiropractors, napropaths, spondylotherapaths, mechanotherapaths, neurotherapaths, electrotherapaths, hydrotherapaths, suggestive therapaths, psychotherapaths, naturotherapaths, iridologists, magnetic healers, religious healers, and many other varieties, the list forcibly reminding one of the description which Masson gives in his "Life of Milton" of the sects which flourished in England in the poet's time. After naming a great many, he includes in a sweeping classification the remainder of the some hundred-odd varieties of "fluent, rancorous, inquisitorial and on the whole nasty kinds of Christians." Even such a comprehensive description would hardly include all of the so-called medical practitioners of Illinois, nor would it cover the radicals who oppose all regulation, claiming for the people "the inherent right to choose any sort of a doctor they please, even to 'dope' doctors or Christian science if they want it."

They found chains of doctors' offices, managed by real estate agents or other nonpractitioners and attended by licensed physicians who were paid from \$8 a week to \$35, with a possible commission of 10 per cent. on all gross business over \$500 a week; the manager getting all the receipts, paying rent, furnishing light and providing equipment; the physicians being paid off like barbers or other hired hands on a Saturday night; the offices using common literature, apparently printed by the ton, distributed by hand in mail boxes and front yards, and bearing the name of the doctor nearest the region of distribution, who for himself was unable to read the circular in the language used, and so knew nothing of the glowing promises made to his prospective patients.

They found many doctors alleged to be abortionists, who, when questioned about the wholesale murder of unborn babes, took refuge in assertions of the guilt of all the craft, and claimed that if, in any company of members of the profession, the ancient invitation were renewed, "Let him who is without sin among you cast the first stone," as in the days of old so now, within a short time, no man would be left except the accused and the judge.

They found doctors, all over the state, who were guilty of unethical practices, who were known to be quacks of the worst type, and against whom sufficient evidence could not be secured to convict because of the unwillingness of reputable physicians to give testimony or to encourage deluded victims to give to the department for legal use information given to them in quiet hours of confession.

They found men and women in many places in Illinois practicing medicine without license and defying

* Read before the Madison County Medical Society at Alton, Ill., Aug. 2, 1918.