

MEN NURSES CORNER

Enemy Caught Unexpectedly, Guinea Worm

By

John Ratnam, R.N.,

Mary Lott Lyle Hospital, Madanapalle.

From the psychological point of view it is much easier to treat non-medical people than medical people. Yellamma whose illness we are going to deal with is a native physician.

Yellamma, aged 20, mother of three children is a native of Thupakala, a village near Madanapalle, whose work is going round the villages nearby and treating patients with native medicines prepared out of dried leaves of various kinds. As a villager she was never in the least bothered or frightened by the diseases which could be contracted by drinking water found by the side of the road, tanks, and wells in course of her travelling.

Yellamma came to our hospital on 14-2-1955 with a complaint of redness of her right eye with the pain increasing day by day for a week. She felt a growth under the lower lid which had been growing in size for two months.

She was examined by the Eye Surgeon who tentatively diagnosed lipoma. His findings read:

"Conjunctiva: Congested especially around the edge of cornea with suggestion of sub-conjunctival haemorrhage.

Cornea: Normal.

Pupil: Round and reacting to light. Pale yellow growth on the lateral side of the cornea $\frac{1}{2}$ cm/ $\frac{1}{2}$ cm, freely movable.

On the advice of the doctor, Yellamma with great difficulty and considerable hesitation, agreed to an operation. The nurses really had a hard task in trying to convince the patient of the possible dangers which might come if she was not operated upon.

Pre-operative care and pre-medication.

Routine pre-operative care was given. Pre-medication: Medinal 1 gr. was given one hour before operation.

Anæsthesia.

Surface anæsthesia of Anethaine 1% given by drops over the cornea. Sub-conjunctival infiltration of Novocaine 4% given into the tissues around the eye.

Procedure.

As the surgeon went on operating, under the bulbar conjunctiva a white tape like thing was noticed. For investigation he pulled it gently and to our astonishment it moved and we realised that it was a GUINEA WORM!!! It measured $35\frac{1}{2}$ inches in length. The whole worm including the head was extracted. After a final inspection the wound was closed by continuous cotton suture.

On getting down from the operation table Yellamma said that she had something resembling an ulcer inside right cheek. On examination we found that there was a small tear of the mucous membrane, going deeper into it; we removed $\frac{1}{2}$ inch length of a similar worm.

Progress.

Daily dressing done with irrigation of normal saline followed by Sulphanilamide Ointment application. Suture was removed on the 4th day.

Patient was discharged on 20-2-1955 in good condition after a health talk given to her about worms, particularly about the Guinea Worm and its portal of entry and exit, and the necessity of boiling water properly before drinking.

Reference on Guinea Worm may be seen in *Hygiene & Public Health* by B. N. Ghosh, Pages 44, 462 & 655.