

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss Pitman, Women's Medical College Hospital, Vellore.

DEAR STUDENT NURSES,

We are starting the new year well. Three new units have been formed, one at the Irwin Hospital, Delhi, one at Sambhu Nath Pandit Hospital, Calcutta and the Lady Reading Health School at Delhi has the distinction of starting the first Student Health Visitors' League Unit. We congratulate both these hospitals and the Lady Reading Health School on the formation of their units and wish them every success.

I remain,
Yours sincerely,
VERA K. PITMAN.

CORNEAL GRAFT

This operation is the most wonderful performed at the present day in Ophthalmic Surgery.

It is said to be performed at four different places only in the world—namely—London, New York, Budapest, Bengal (India). It consists of removing the healthy cornea from a blind eye and grafting it onto an eye whose cornea has become opaque, but retains a good perception of light.

The operation may be performed on all classes and both sexes. In this operation we have the Donor and Recipient.

The Donor is selected from those cases whose eyes are blind but the cornea must be absolutely clear and healthy. Cases selected for operation are eyes blind from such diseases as:

Iridocyclitis, absolute glaucoma and some cases of penetrating injury.

The Recipient

The best and suitable cases are those in whom the cornea has become opaque due to interstitial keratitis, because in these cases there is a good anterior chamber and the iris is not adherent to the cornea; other cases are the leucomatous corneas due to corneal ulcer or after inflammatory attacks following small-pox. Sometimes these cases are not very suitable, because the leucoma is very thick and the iris adherent, but it's worth trying as 'A one-eyed man is a "King" in the blind world'.

The Operation

1. The operation is done under local anaesthesia. First the donor's eye is enucleated and with a 4.5 m.m. trephine blade the central portion of the cornea is taken out.

2. The leucomatous cornea is then taken out of the recipient's eye with a 4.75 m.m. trephine blade.

3. The clean cornea from the donor's eye is now grafted onto the recipient's eye and kept in position with a cart-wheel stitch passed through the remaining portion of the cornea of the recipient. The needles used are the finest imaginable and the suture material is a single strand of silk. Horse-hair has been used instead of silk.

Nursing and Treatment

1. The patient is nursed in the recumbent position, the head between sand-bags for the first six days. Absolute quiet is essential and a milk diet given.

2. On the 3rd day, the dressings are opened and the eye carefully cleaned with sterile pellets and guttae atrophine 1% is instilled to dilate the pupil.

3. On the 6th day, the stitches are removed. The treatment remains the same.

Full diet is now given.

4. On the 14th day after operation one drop of Dionine 2% is instilled into the eye to keep the graft clear and prevent it becoming hazy.

The patient's vision gradually increases, he begins to see more light and distinguishes colours and objects.

This operation may lead to the Hindu-Moslem unity, for we have the Hindu looking through the Moslem's eye, a man through a woman's eye and vice-versa.

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SNAKES

How to know the Poisonous Kinds and What to do when they Bite You

India has a *great variety* of snakes, and despite the honoured place of the serpent as an object of respect and veneration, many a person meets his doom at the fang of the 'god' he trusts; and so one must be conversant with a few rudimentary facts concerning snakes and the treatment of their stings.

There are *two* classes of snakes:

- (a) *Poisonous.*
- (b) *Non-poisonous.*

Harmless snakes generally have the following characteristics:

1. The head is oval in contour.
2. There are two rows of teeth and no fangs.
3. They move with speed.
4. If their underside is examined they are found to have several rows of scales posterior to the anal opening or vent.

The *poisonous species* among the snakes in India are mainly of *two* varieties:—

- A. *Colubrine*—the Cobras and Kraits represent this class.
- B. *Viperidae*—the Russel's Viper.

All are deadly and to be feared.

Their chief characteristics are as follows:

1. The head is broad and the neck narrow, especially the vipers'.
2. The upper jaw is shorter than the lower one.
3. They have two fangs; and these lie vertical or horizontal according to the species.
4. Expansion of the neck; this among cobras.
5. Sluggish in movement, except cobras.
6. Examination of the under surface reveals one row of scales posterior to the anal opening or vent.
7. The tails are less tapering.

The chief difference between the Colubrine and Viperidae reptiles lies in the arrangement of fangs, the former having large horizontal ones, and the latter's being more vertical and smaller.

The venom of the colubrine type of snake affects the nervous mechanism, and death is due to respiratory and cardiac failure. The nerves