

MEDICAL ARTICLE.

BY MAJOR MACPHERSON, I.M.S.

A morning at the outpatient department of the Sir C. J. Ophthalmic Hospital, Bombay.

PART I.

1. Our first patient is a fitter who says that while chipping a piece of iron yesterday, at his work, a particle flew into his eye. Since then his eye has been painful and somewhat injected. On examining we can see a little brown speck on the cornea. This is a small piece of iron. All iron workers are very subject to such accidents. The most common situation for a foreign body to lodge in the eye, is a little groove close to the margin of the upper lid. Most of us know from experience how uncomfortable it is to get a speck of coal from a passing train into one's eye but how few know how to remove the offending particle. As the foreign body is lodged on the inner surface of the upper lid we must evert the latter before we are able to remove it. The secret of everting the lid is to ask the patient to look down to his feet. Unless he does so you will have great trouble in carrying out this simple manoeuvre. When the patient looks down you catch hold of the upper lid by the eyelashes with the left hand and pull it down and out and slightly away from the eyeball. Then you place the point of the index finger of the right hand a little above the centre of the lid and push a little down, at the same time everting the lid with the left hand. It is much simpler to perform than describe. This method will never fail. In cases where the eye is very irritable you can first instil thrice at intervals of two minutes a drop of 4% cocaine solution. This will allay the spasm and enable you to perform the little manoeuvre successfully.

The next most common site for a foreign body is the surface of the cornea. Such is the case before us now. Iron workers and masons are particularly liable to this. It is more difficult to recognise these, than the ones in the upper lid, as the particles of iron are brownish in colour and therefore difficult to see against the brown iris behind. When a patient comes complaining of a foreign body and you fail to see it with the naked eye, you may by the use of a magnifying lens discover its presence.

Sometimes the foreign body may strike the corner only and fall out again leaving an abrasion. The subjective symptoms are the same as if the foreign body were present. It may be difficult to see an abrasion and, therefore, to reveal its presence we stain the cornea with fluoresceine. A drop of this is instilled into the conjunctival sac and then it is washed out freely with boric lotion. If there is an abrasion, a bright green spot will be seen. The great dangers of abrasions of the cornea is infection. The conjunctival sac always harbours germs and a virulent one present in a patient of low vitality may be the means of setting up one of the most serious diseases of the eye, namely, a Hypopyon ulcer which, if untreated, will destroy the cornea in a few days. Even in spite of treatment the eye is lost.

Treatment of Foreign Bodies in the Cornea.—As the cornea is very sensitive no attempt at removing the foreign body is likely to prove successful unless the eye has been previously cocainised. This is done by instilling a 4% solution of Cocaine Hydrochloride thrice at intervals of two minutes. This renders the cornea insensitised, and the patient will allow you then to touch it freely. The foreign body is picked off by a spud or broad needle. Afterwards the conjunctival sac is thoroughly washed out with a 1—5,000 H. P. lotion a few drops of 10% solution of Argyrol is instilled and a little 1% Atropine solution is dropped in twice at intervals of 2 minutes. Then the eye has a pad and bandage applied, and the patient is told to come the following day.

In case a patient complains of a foreign body having entered the eye and you are unable to find it in either of the above sites, you must search the fornix of the upper lid. The fornix is the loose fold of conjunctiva uniting the conjunctiva of the lid to the conjunctiva of the eyeball. It is more difficult to expose and therefore such cases are beyond the scope of this paper.

2. The next case is one of Hypopyon Ulcer, a disease which I have referred to above. The patient is an elderly man and a bullock cart driver by occupation. He says that 3 days ago, one of the bullocks swished its tail into his eye. He had some pain at first and as this has become much more severe he has come to hospital. We observe that the eyeball is very much injected and the lids are slightly swollen. On opening the eyelids carefully you can see in the centre of the cornea an irregular yellowish circle. That is the ulcer. At the lower margin of the cornea you can see a yellowish crescent or half moon. That is the Hypopyon, pus lying at the bottom of the anterior chamber of the eye.

This is one of the most severe and serious ulcers that can affect the eye. It spreads very rapidly both superficially and deeply, and in a few days may destroy the whole cornea and so lead to complete loss of vision. It is particularly apt to occur in elderly people and especially in those who suffer from inflammation of the lachrymal sac (tear, ducts, etc.) The treatment must be very prompt and energetic. The eye is first of all cocainised and then a speculum is inserted. The floor of the ulcer, especially the edges, is touched with pure carbolic acid. This is usually applied with the end of a match which has been sharpened. Before applying the acid, the cornea is carefully dried by means of a piece of blotting paper to prevent the pure carbolic overflowing into the conjunctival sac and setting up conjunctivitis. The eye is then washed out with boric lotion or 1—5000 H. P. Atropine 1% solution is then dropped in four times at intervals of two minutes. If in spite of the above treatment the ulcer still continues to spread the anterior chamber is opened by means of an incision through the floor of the ulcer. This is known as Sacmisch's section. The aqueous humour flows out and with it usually the pus. It is usually very beneficial and stays the process of the ulcer. This is not done with a view to letting out the pus, but because it has been observed that when an ulcer perforates it begins to heal—it is an imitation of nature. It must be remembered that the pus in this case is

sterile, and therefore does not, as it does in most other cases, require to be let out. It usually is absorbed very quickly. This affection is one of the commonest causes of dense opacity in the cornea in adults, especially elderly ones. Remember that in the majority of cases it is preceded by a definite history of abrasion and, therefore, the treatment of even the slightest abrasion of the cornea is very important.

(To be continued.)

FLORENCE THE GREAT.

By ERNEST F. NEVE, M. D., F. R. C. S., EDIN.

SIR Edward Cook's biography of Florence Nightingale is the record of an amazing life. To the ordinary public, Miss Nightingale is chiefly known as the heroine of the Crimean war. By the nursing profession she is recognized as the foundress of modern nursing. But her biographer unfolds a work infinitely wider in scope, and he reveals to us her extraordinary gifts, combining as she did, administrative powers of the highest order with far sighted statesmanship.

In absolute intellectual capacity and achievement the name of Florence Nightingale ranks with those of the leaders of the nineteenth century.

In these times of war, when we hear much of work done under the Red Cross, it is interesting to know that, although M. Henri Dunant a Swiss physician was the real originator of the movement, he attributed his inspiration to Miss Florence Nightingale.

We do indeed owe far more than is generally known to her work in the Crimea and its results. The contrast between the conditions under which our troops are now fighting in France and those which prevailed at Balaklava are sufficiently striking. The spirit of the soldiers is the same. They were as brave then as now. Many are the deeds of heroism of which Miss Nightingale was the witness and recorder. "I remember," she wrote, "a Sergeant, who was on picket, the rest of the picket was killed, and he himself battered about the head, stumbled back to camp, and on his way picked up a wounded man, and brought him in on his shoulders to the lines, where he fell down insensible. When after many hours he recovered his senses, I believe after trepanning, his first words were to ask after his comrade, 'Is he alive?' 'Comrade indeed, yes he's alive, it is the General.' At that moment the General, though badly wounded, appeared at the bedside. 'Oh General it's you, is it, I brought in, I'm so glad. I didn't know your honour, but if I had known it was you, I'd have saved you all the same' 'This is the true soldier's spirit'".

It was in the Crimea that Miss Nightingale obtained her first insight into the crying need for reforms. Her actual nursing was most significant in its marvellous attention to detail, and its personal self sacrificing service. It is here that we find the first beginning of female nursing in the army. Some