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History of ophthalmology

India in the 1900s

Quite a few ophthalmologists headed for India around the turn of the last century, just as junior doctors head for the Antipodes today (although in India the pay was worse, not better). R H Elliott was the most famous and reported his more singular experiences at the Ophthalmology Congress in 1916.

The main point he made was that because his area was so large and the queues in his outpatient clinics very long (so what's new?), his patients would invariably have been treated at home first. This did not preclude a cure: squirting breast milk into sore eyes and rubbing the soles with oil to 'draw the heat from the head' rather amused him.

What really annoyed Elliott and his colleagues, was that patients with persistent symptoms were taken to the local eye expert, invariably an old woman whose reputation was proportional to her years, in spite of the fact that, as Elliott says, 'her ignorance was as colossal as her confidence'.

Very unfortunately, traditional remedies consisted of applying pastes of tamarind (very nasty stuff), lime juice, iron filings, and cow dung to the afflicted eyeball. While admitting that the specialists' intentions are 'as angelic as the results are devilish,' Elliott was truly appalled by the results.

One particular example upset him greatly. He described a tall, thin man walking to clinic with a long stick held out behind him, to which three small children clung. The history was that some weeks ago the eyes of all three had become inflamed, and pastes from the village specialist were applied with high hopes and with vigour. The man was obviously fond of his offspring. As a result, five eyes were hopelessly scarred and the sixth nearly so. Hence the stick.

The cosmetic results of this were also unfortunate. Mukerjee, out of pity for a 13 year old girl whose marriage value was diminished by her scarred cornea, experimented with contact glass painted in oils to match the other eye, and achieved an excellent result.

Nor was superstition confined to the lower classes. A highly educated man was advised to wash his eyes daily in his own urine, and nearly lost his sight as a result. Presumably Elliott said some harsh words before treating him and packing him off to the 1917 equivalent of a genitourinary clinic.

Worse still, deliberate corneal irritation was a popular form of malingering. One merely had to walk to an outside wall of one's house, scrape a little limewash off and drop it in the conjunctival sac, to get the day off with 'catarrh of the eye.' There was a real risk of blindness from overdoing this, yet the trick was extremely popular with the local police. Elliott put paid to this by explaining to his staff how the milkiess of the eye and the occasional lime particle did tend to give the game away, and the police desisted, while frequently alluding to the 'devilish cunning' of the ophthalmic hospital.

Planning operating lists was also fraught with difficulty, since local astrologers had strong views on which hours were most favourable. If lists were late, patients would up and go to have their horoscope recast for the next favourable lunar phase, by which time they would sometimes be blind.

Knowledge of the frustrations of 'traditional treatment' might well have put practitioners off; indeed applications for Indian service declined sharply around this time. However, the obvious explanation was the pay: many *Lancet* correspondents were making stinging remarks about 'pecuniary remuneration,' and complained that as shooting and racing were getting beyond medics' financial reach, they were coming home.

FIONA ROMAN

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