**REPORT ON A CASE OF A THORN UNDER
THE UPPER LID**

BY

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THE following case is of extraordinary interest and hence worth reporting. It shows what the eye can stand and the natural resistance of the tissues in a child.

A male child aged 5 years, son of a farmer, was brought to the out-patient department of the Mayo Hospital, Lahore, on June 3, 1929. The father of the child complained that the child's left eye had been red for the last five months and had been "getting smaller," by which he meant that the palpebral fissure had been getting narrower. The child at first suffered only from photophobia and lacrymation, but for the last three weeks there had also been a purulent discharge. He casually mentioned that the child said that the trouble started from the day, five months ago, when he fell down whilst running and a thorn went into his eye. The parents had not seen the thorn in the eye at that time or since. The child's eye, however, had been getting worse. It is obvious that the child had at no time suffered from very much pain, otherwise the father would most certainly have brought him to hospital from his village sooner. Pain is the one symptom which does bring ignorant and illiterate patients to the hospital at the earliest opportunity.

On examination, the bulbar conjunctiva was seen to be considerably congested but there was no chemosis. The eyelashes were partly glued together by dried secretion. There was muco-purulent discharge collected in the inner canthus and also between the lashes. Just below and external to the caruncle there was a mass of granulation tissue, about the size of a split pea, sprouting from the conjunctival surface of the lower lid near its inner extremity, and projecting into the palpebral fissure. The palpebral fissure was narrow as the eye was kept half shut. The cornea was quite normal. There was a slight swelling in the lower lid partly in the region of and partly external to the lacrymal sac. On palpation of the swelling there could be felt a hard mass about the size of a small bean. The skin over the swelling was quite free and of normal colour, but the swelling itself could not be moved. On casual examination the case looked like one of chronic dacryocystitis, as there was unilateral conjunctivitis, mucopurulent discharge in the inner angle and a swelling almost in the region of the lacrymal sac. But the swelling was hard and on pressure no

discharge came out of the lower or the upper punctum. Further examination of the eye was impossible without an anaesthetic.

The child was admitted into the hospital. He was anaesthetised with chloroform. After the eye had been washed and all the mucopurulent secretion removed and an eye speculum put in I saw to my surprise a long greyish object projecting out from the mass of granulation tissue on the lower lid and passing under the medial side of the upper lid. I realised that the child was right when he said that a thorn had got into his eye. It was only when the palpebral fissure was widely opened by the speculum that the upper end of the thorn came into view. On catching hold of this object with a pair of forceps it came out quite easily. It was about an inch long and was most certainly a thorn, which had become quite soft on account of its long sojourn in the eye and consequent maceration by the lacrymal fluid. On probing the hole in the mass of granulation tissue through which the thorn projected I found that the probe went into the swelling in the region of the lacrymal sac. No foreign body could be felt in this cavity either with the probe or with a pair of fine forceps. It was obvious that the whole of the thorn had been removed. The swelling was due to the inflammatory reaction of the surrounding tissues due to the presence of the foreign body. The eye was thoroughly washed and the child sent to bed. Unfortunately the father insisted on taking the child away the same day and I saw no more of him. The chief points of interest in the case seem to be:

1. That a thorn about an inch long should have been, for five months, partly projecting under the upper lid without the child having any more trouble than lacrymation and photophobia.
2. The absence of pain.
3. The escape of the cornea from all damage.

My thanks are due to Lt.-Col. A. M. Dick into whose wards the case was admitted.

ANNOTATION

The Unemployable Blind

The Advisory Committee on the Welfare of the Blind, the Chairman of which is Lord Blanesborough, recently presented a report to the Ministry of Health on the subject of the unemployable blind. This report has now been printed and was noticed in *The Times* early in the present year.