

could not be found, and Frost, in his rather brusque manner, as was his custom, said 'Did you see me, Mam, at your last visit?' The old lady replied, 'Oh, no sir, I saw a nice kind old gentleman.'

Carter was twice married and had several children. He died, in his 91st year, on October 23, 1918, and was buried at the West Norwood Cemetery.

In the preparation of this paper I have consulted most of the works mentioned as well as the obituary notices published in the *Times* and the *Lancet*.

I am also indebted to Dr. Burton Chance, of Philadelphia, who arranged with the Assistant Editor of the American Medical Association Press to lend the block which illustrated his paper on the history of the ophthalmoscope in the *Archives of Ophthalmology*, March, 1935. This shows Carter at I suppose the age of fifty years. The other illustration is reproduced from the Vanity Fair cartoon, published April 9, 1892.

#### REFERENCES

1. WILKS and BETTANY.—Lives of eminent medical men.
2. Plarr's Lives of the Fellows of the Royal College of Surgeons of England.

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#### ANNOTATION

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#### First Aid Treatment for Eye Injuries

Recently there has been some discussion about the training and the limitations of First Aid workers. It seems that much of the instruction is given by laymen who have learnt their manuals with conscientious care and impart such information faithfully to their classes. The books on First Aid are mainly limited to descriptions of the initial treatment of minor maladies and injuries. There is little or no provision for preparing first aid workers to deal with the severe multiple injuries inflicted by modern aerial bombardment. Also some of the advice in these books is out of date and has been reproduced in its archaic form through successive editions. The position in which a patient is placed on a stretcher according to the nature of his injury is often of vital importance and does not receive the attention it deserves.

The removal of foreign bodies from the eye has long been considered a justifiable hunting ground by the first aid enthusiast. This is indeed proper in the case of foreign bodies loose in the conjunctival sac when such can be removed skilfully and with a reasonable measure of surgical cleanliness. There are, however, first aid operators whose desire for further therapeutic adventures leads them to extend their attentions to foreign bodies impacted in

the cornea for the removal of which they indulge individual fancy for such implements as a well-sucked camel-hair brush, or a disused toothpick or a bodkin to quote a few of the agents which are responsible for seriously infected corneal abrasions and panophthalmitis.

Instruction about the first aid care of eye injuries should stress the danger of attempting the removal of a corneal foreign body except by those well trained in aseptic methods, possessed of the necessary skill, and under good conditions of lighting. They should also be taught the importance of posture in perforating wounds of the eye in which vitreous loss is likely to occur; the first aid treatment of burns of the lid and eye, and how to apply a pad and bandage with the correct degree of pressure. Beyond this and the irrigation of the eye with a bland lotion and the instillation of a drop of ol. parolein they should not go.

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## ABSTRACTS

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### MISCELLANEOUS

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- (1) **Shlossberg, F. R. and Prizer, M. Haverhill (Massachusetts).**—Retinal changes with marked impairment of vision in measles. *Amer. Jl. Ophthal.*, Vol. XXII, p. 998, 1940.

(1) **Shlossberg** and **Prizer** report a rare case of blindness associated with measles in a female child aged six years, in whom sight failed on the fourth day of the illness and was reduced to no perception of light in either eye on the fifth day.

The optic discs were hyperaemic, the edges blurred, the retinal vessels engorged, the arteries small and threadlike. Small round retinal haemorrhages and pallor and oedema of the retina were followed by punctate retinal exudates on the 13th day. These exudates affected the macula and became confluent.

There was ultimately some visual recovery to R.V. 4/200 and L.V. 5/200. A diagnosis of acute neuro-retinitis or neuro-choroido-retinitis was made.

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- (2) **Bamford, C. H. and Barber, H. (Derby).**—Blindness following haematemesiis. *Lancet*, Vol. II, p. 715, 1940.

(2) **Bamford** and **Barber** describe the case of a male, aged 46 years, who on May 26 and 29, 1940 had severe haematemesiis. On May 31 he noticed gradual concentric contraction of the visual fields, and on June 4 was blind. The haemoglobin was reduced to