The mouth is somewhat greater in diameter than the average cornea. The top of the zinc rod and the narrower end of the glass tube are engaged and held by a metal handle about 2 inches long which can be coupled to the negative pole of the battery. The zinc rod is held in the glass tube in such a way that its expanded foot is about 1 inch from its wider open end. This end of the tube is packed with absorbent cotton, which contacts the zinc above and projects slightly from the mouth of the tube. The cotton is saturated with penicillin solution 500 u/c.c. (in normal saline), and recharged during treatment with fresh solution from a syringe through the lateral opening. With this electrode a current of 2 milliamps is passed for 3 minutes the first day, and thereafter daily for 9 days 2 milliamps for 5 minutes. No speculum is used, the current is let in gradually being controlled (presumably) by transformer and resistance. Pantocaine 1/2 per cent. is used in preference to cocaine. Provided suitable apparatus and technique are used penicillin may be introduced into the globe (undamaged or unruptured) repeatedly via the cornea by iontophoresis. The method has obvious advantages over the repeated introduction of penicillin by means of a needle and syringe in such cases. To effect penetration to the vitreous, applications longer than 5 minutes are likely to be required, but increase in the time of application increases the risk of corneal damage. Only further experience can determine the maximum time of application at each treatment.

We wish to thank Major General L. T. Poole, C.B., D.S.O., Director of Pathology War Office and Brigadier Sir Stewart Duke-Elder, Consulting Ophthalmic Surgeon to the Army for providing facilities for this work to be carried out and for permitting its publication.

REFERENCES


ANNOTATION

The danger of spot diagnosis

The importance of never saying anything to a patient, either in the consulting room, out-patient department, or at the bedside, which can even indirectly lead the hearer to infer a very bad prognosis is obvious, but not always sufficiently remembered. People
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have been known to commit suicide after hearing what has practically amounted to a death sentence, and similar disastrous results have followed an unguarded remark about imminent blindness. Patients also, it is worth while remembering, often half hear, only half understand, and put a totally wrong construction on what has been said to them; so it behoves one to be careful.

Such a thing happened a good many years ago in relation to a middle-aged female who had been admitted to hospital with double choked discs. It is true that no tragic result occurred to the patient. The tragedy was the other way, As a preliminary she was referred to a neurologist. He entered the ward accompanied by a class of students, and noticing something odd about the facial appearance of the patient, immediately made a mental diagnosis of middle fossa tumour, told his class that such a condition was always due to secondary malignant deposits and searched for a primary focus. Having found a small hard lump in one of the breasts, he went on to demonstrate the case to his class and gave a very gloomy prognosis. The patient was exceedingly angry and immediately took her discharge. She went to another hospital, and there someone remembered his first lines and had the Wassermann reaction done. It was strongly positive, and a course of anti-syphilitic treatment cured the ocular condition. To make certain, however, a surgeon was called in; he removed the lump in the breast, which turned out to be innocent.

There is an irresistible urge, when taking a class of students, to make lightning diagnoses. Mostly these succeed, but at times, as in this instance, the maker is let down badly. It is not given to all of us to be so handy with the ophthalmoscope as the apocryphal pan-diagnostician, who was said to have diagnosed an ovarian cyst from a moment’s observation of the fundus; and better results will be obtained if we keep an open mind and stick to the known facts. So if any of our readers are smitten with a craving for spot diagnosis, let them remember the Horatian maxim Festina Lente.

ABSTRACTS

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(1) Burch reviews some of the literature on metastatic orbital infection. He describes the case of a white man, aged 39 years, who developed a left orbital abscess 24 days after a furuncle within