Extraction of a splinter of wood from the cornea / by David Webster.

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EXTRACTION OF A SPLINTER OF WOOD FROM THE CORNEA.*

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OF NEW YORK.

The patient, a child nearly three years of age, was brought to the Manhattan Eye and Ear Hospital on January 26, 1880, by his mother, who gave the following history of his case: About the latter part of July or the first of August, 1879, the child ran against an apronful of wood which a woman was carrying through one of the narrow passages of a tenement house. As soon as the crying, the immediate effect of the collision, had ceased, the mother observed that his right eye was closed. She opened it and examined it as well as she could, but could not find any "dirt" in it. The eyeball was red and watery, and very irritable The mother did nothing for the eye for a week or ten days but bathe it with salt and water occasionally. It became worse, however, instead of better, and then, by the advice of her friends, she began to apply bread and water poultices at night and sometimes by day. These seemed to soothe the eye to some extent, but it still continued to be more or less inflamed or irritable, and in October she took the child to a physician for the first time. The doctor said the child had an ulcer of the cornea, and ordered atropine eye drops. The physician saw the child only four times, when domestic troubles caused the mother to neglect him. From that time until he came under my observation the eye behaved in a most capricious manner, appearing almost well one day and the next being very much inflamed. When the eye became red, irritable, watery, and sensitive to light, atropine and bathing were

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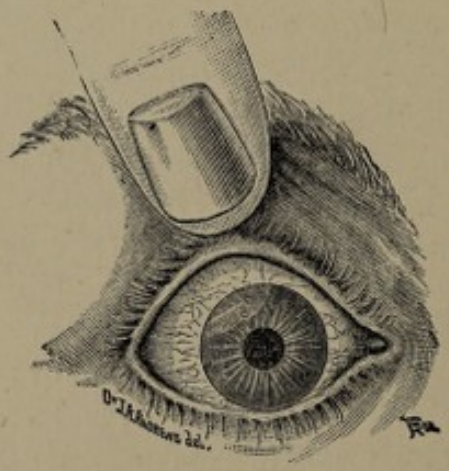
resorted to with good effect. But these unpleasant symptoms were sure to return, and at last, six months after the accident, the mother determined to consult a physician again.

When I saw the child there was considerable irritability of the eye and sensitiveness to light, so that it could be examined with difficulty. Upon raising the upper eyelid I saw, at the upper and outer part of the cornea, extending from the periphery toward the centre for about 3 mm., and about 6 mm. in length, of a greyish white color with, perhaps, a slight yellowish tint, a dense infiltration, clearly defined against the transparent cornea. A whitish streak, forming a slightly elevated ridge, could be traced obliquely inward and upward across the opacity. A few blood-vessels could be seen running from the limbus across the opacity. The conjunctival injection was slight. At the lower margin of the cornea was a localized pinkish injection about 2 mm. square. Iris and pupil normal.

The appearance of the eye is very well shown in the accompanying sketch made on the spot by my friend, Dr. J. A. Andrews.



This certainly would be a most extraordinary form of opacity for ulcerative or phlyctenular keratitis, and I immediately asked myself the question whether a splinter of wood might not be embedded therein.

The eye was then examined by my friend, Dr. Oren D. Pomeroy, and by several other experts, both by daylight and by artificial light, and all agreed with me that, although the presence of a foreign body could not be positively demonstrated, the probability of the existence of one was sufficiently strong to justify an explorative operation.

Accordingly, the child having been put to sleep with ether, the eyelids were opened with a spring speculum, and, while the eye-ball was steadied with fixation forceps, a particle of lymph at the margin of the cornea corresponding to the extremity of the suspected splinter being gently scraped away with the point of a Beer's cataract knife, the foreign body at once became visible, and was removed without difficulty.

It proved to be a splinter of wood, 4 mm. in length and 0.5 mm. in width. Nature was evidently making an attempt to get rid of the foreign substance, for just so soon as the lymph plugging the mouth of the canal in which it lay loosely embedded was removed, it came away almost of its own accord.

I saw the child two days later, and all signs of irritation had disappeared. So little of the corneal infiltration remained that it could only be seen on careful inspection.

The case may, I think, be called an unique one. It is remarkable that so large a foreign body should have remained embedded in the cornea for so long a time without producing more serious results. I have seen a case where a minute particle remaining embedded in the cornea for five months produced kerato-iritis with synechia posterior, with considerable sympathetic irritation of the fellow-eye.