CLINICAL NOTES IN THE PARIS HOSPITALS.

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VII.

DR. LANDOLT'S OPHTHALMOLOGICAL CLINIC.

Specialities of His Practice.

DR. LANDOLT occupies a leading position in the ophthalmological world; his book is a standard authority of the best kind, and his researches have been numerous and original. Although holding a very prominent position in Paris, he is not officially attached to any of the great hospitals. Ophthalmological studies are much neglected in the Paris hospitals generally; at very few of them is there any provision for ophthalmological teaching. Dr. Landolt's clinic is situated at 27, Rue St. André des Arts, where out-patients are seen every day, and operations are performed between 12 noon and 4 P.M. The number of patients is very large, the installation is excellent, and the opportunities for study all that could be desired. When visiting it last December I took note of some of the points in which the treatment employed seemed to me to be a little different from the usual routine, and to present elements of special interest. Thus, in *trachoma*, Dr. Landolt uses massage of the conjunctiva in all its parts with very finely powdered boric acid. This is followed by washing the parts with a 1 in 500 sublimate solution, followed by a second washing with one of 1 in 5,000. This treatment is sufficient to effect a cure in nearly all cases, and scarification, expression, or bluestone is seldom necessary.

In *blepharitis* all the diseased lashes, which are recognisable by their pigmented roots, are epilated, and the eyelids dressed with yellow mercurial precipitate.

In *dacryocystitis* the lachrymal sac is never opened by incision from the cheek, but is disinfected by means of section of the lachrymal canals and of the palpebral ligament.

In *scleritis* and *episcleritis* massage with a cocaine ointment gives good results.

In the treatment of *conjunctivitis* and *phlyctenular keratitis* calomel is often and very advantageously replaced by iodo.

The treatment by the darkened chamber, combined with the use of footbaths, eye douches, massage, electricity, leeches, etc., has given very good results in cases of neuro-retinitis and of very advanced myopia with chorio-retinitis. The vision, which was at the commencement of the treatment extremely feeble, was in many cases improved in a surprising way.

Astigmatism.—In these cases Dr. Landolt employs determination, mostly subjective but always often repeated, before the prescription of glasses and controlled by the ophthalmoscope. The keratometer is only employed in cases in which the information supplied by the patient cannot be relied on. Thanks to these exact methods the visual acuity obtained by the correction of the astigmatism has been raised to an average of 0.82 in about 700 eyes, that is, to a degree distinctly above that obtained by the use of the keratometer alone.

Strabismus.—Concomitant strabismus, which is always considered as a binocular affection concerning both eyes simultaneously, receives a complete and very careful examination of both eyes (refraction, accommodation, convergence, field of fixation, binocular vision, diplopia, ophthalmoscope, etc.). In all cases mild treatment is first tried: for divergent strabismus and insufficiency of convergence, orthoptic exercises and improvement of the general health; for convergent strabismus, rest of the eyes, use of atropine, correction of total hypermetropia, and stereoscopic exercises. If, however, an operation is required, muscular advancement is employed with or without tenotomy of the opposing muscle—a procedure which is becoming more and more recognised as the best. Dr. Landolt considers muscular advancement as the chief operation, which he practises often without setting back the antagonist muscle. He is careful, however, to include in his sutures not only the muscle detached from its insertion, but also the neighbouring capsule of Tenon. To obtain a perfect result after the operation for strabismus (binocular vision), stereoscopic exercises are continued for a long time after the operation.

I also saw in Dr. Landolt's clinic some very interesting cases of paralytic strabismus resulting from nervous shock, terror, or grief, and some cases of hysterical contractures of the ocular muscles.

Antiseptics.—Antiseptic precautions are very carefully observed before operation. The patient is bathed, purged, and disinfected with sublimate solution and with boracic acid. The dressings are sterilised in the *autoclave*, and the instruments are placed in a solution of the oxycyanide of mercury, and then washed in sterilised water. The collyria are boiled before each operation. The operator's hands are cleansed with soap and nail-brush, alcohol, and solutions of sublimate, first 1 in 500, and then 1 in 5,000; sterilised cloth gloves are then put on, which are taken off just before grasping the instruments. Similar precautions are taken by the assistants.

Operation for Cataract.—This is in general performed with iridectomy. Simple extraction is reserved exclusively for distinctly senile cases. If possible, a preparatory iridectomy is performed; sometimes Foerster's method of maturation is adopted.

Cystotomy.—The cystitome used by Landolt has on one side an extremely fine hook, and on the other a thin triangular blade for dividing the rigid capsule. For clearing the eye after expulsion of the cataract Dr. Landolt has constructed a special instrument (Fig. 1), which consists of a curette so

Fig. 1.

Fig. 2.

fine and small that it easily penetrates, even under the iris where iridectomy has not been performed, and pushes aside recalcitrant shreds of cortex. The other end represents a simple flat spoon. The scissors which Dr. Landolt has constructed for enucleation (Fig. 2) are very useful. They are curved in two directions—first in the direction of their cutting edge, like the scissors known as *à bec de corbeau* (raven's beak), and then on the flat. This double curvature adapts the scissors at once to the corneal circle and to the globe, and

allows of the very rapid detachment of the conjunctiva and muscles.

Operations and lectures take place twice a week, and are attended by a considerable number of foreign students and physicians. Saturday is reserved for operative practice and teaching on the "dummy." Among the scientific researches which have issued from Dr. Landolt's clinic during the year 1891 are the following:—A New Case of Total Achromatopsia; The Treatment of Serous Iritis; Bilateral Paralysis of the Rectus Externus; New Researches on the Movements of the Eye. As an example of the therapeutic teaching, notes of a lecture by Dr. Landolt on the abuse of mercury in the treatment of diseases of the eyes are published at p. 650.

LEAD IN THE LIVERPOOL DRINKING WATER.

It has been known for some time past that certain water supplies, in Yorkshire and Lancashire particularly, possess the property of taking up varying quantities of lead from the pipes through which they are distributed to the consumer, and during the last two or three years a considerable number of deaths have been recorded as due to poisoning from this cause, while the amount of sickness and general ill health arising in the same manner, although not capable of exact estimation, is known to have attained very serious proportions.

Such being the case, it is not surprising that considerable commotion should have been aroused in Liverpool by a letter from a local analyst which recently appeared in one of the daily papers circulating in that city, in which he stated that he had found lead in appreciable quantity in the drinking water supplied not only to his laboratory, but to other houses in the district as well. The amount of lead found in most of the samples averaged only about 1.50 grain to 1.20 grain per gallon, but seeing that lead is a cumulative poison, it is important that steps should at once be taken to reduce the danger to a minimum.

Liverpool, like a number of other large towns, receives apparently a double water supply, one portion of which is much softer than the other, this softer water attacking lead pipes in a manner not shared by the harder portion. Just as at Sheffield, where the subject of lead poisoning from the drinking water has been pretty thoroughly investigated, it was found that the soft moorland water, supplied from the Redmires Reservoir, alone possessed a plumbo-solvent property, so also at Liverpool it would appear that the explanation of the present evidence of lead contamination may be found in the distribution of water from Lake Vyrnwy, which, according to the official analysis, is of a peaty nature, and possesses only 4 degrees of hardness. If this be so, the results which will follow from a much larger supply shortly to be provided from this source may be very serious unless steps are taken to deprive the Vyrnwy water of its dangerous qualities.

An extremely comprehensive investigation has recently been set on foot by the Local Government Board with the object of learning the conditions under which waters can acquire a power of dissolving lead. The medical officer to the Board, however, has pointed out in his recent annual report that any chemical and bacteriological studies of the circumstances which give to water the faculty of dissolving the lead from delivery pipes must be accompanied by simultaneous investigations made at the various gathering grounds of the different water supplies; and it is, therefore, obvious that the report cannot be expected for some time to come.

In the meantime, it is very desirable that the Liverpool authorities should make trial of the expedient which has proved so valuable at Sheffield. This consists in treating the water, prior to distribution through the mains, with chalk in fine powder. The process is inexpensive, and has the effect of both neutralising the acid reaction and also of slightly increasing the hardness of the water, thus doing away almost entirely with its solvent action on lead pipes. At the last meeting of the Liverpool Water Committee, however, much scepticism was expressed as to whether the water there really possessed this property of dissolving lead, one gentleman suggesting that an alarmist cry had been started simply for the purpose of advertising the sale of a certain

paper. Eventually it was determined that Dr. Campbell Brown, the official analyst, should be called upon to send in an analysis of the Vyrnwy water, and it remains to be seen whether further action will be taken as the result of his expected report.

In any case, it is desirable that the attention of the inhabitants of Liverpool should be called to the fact that they can with very little trouble minimise to a great extent the danger to which at present they appear to be exposed. The more obvious precautions that should be observed consist in running off a considerable amount of water from the house taps in the morning before using any for drinking purposes, and in eschewing altogether the use of water that has been stored in a leaden cistern. In addition, it has been conclusively proved that a carbon filter is capable of fairly effectually removing lead from water even when in solution. These, however, should only be looked upon as temporary expedients, especially as the very poor cannot obviously afford the luxury of filters, the only really efficient remedy in the present state of our knowledge consisting in the treatment of the water before it is distributed, in some such manner as has been indicated.

ROYAL BRITISH NURSES' ASSOCIATION.

OBJECTIONS TO THE PROPOSED REGISTER OF NURSES AND MIDWIVES.

MR. J. G. WAINWRIGHT, the Treasurer of St. Thomas's Hospital and Chairman of the Committee of Representatives of Nurse-training Schools, and Mr. Henry Bonham Carter, Secretary of the Nightingale Fund, have addressed the following communication to the press:—

Sir,—As, in reply to an inquiry addressed by us to the Lord Mayor, his lordship has informed us that the meeting to be held at the Mansion House to-day is one in support of the Royal British Nurses' Association, and not one at which the nursing question is to be openly and publicly discussed, we shall be greatly obliged if you will allow the undersigned, on behalf of the authorities of the principal nurse-training schools, who do not believe that the action of the Association will be of advantage to the public or the nurses, to repeat the grounds on which they deem it their duty to oppose the application of the Royal British Nurses' Association for the grant of a Royal charter. While taking this course they cannot but express their regret that they find themselves in opposition to a member of the Royal Family who has identified herself with the Association.

These grounds shortly are:—

1. That such a system of registration as has been proposed by the Association is, from the nature of a nurse's calling, incapable of affording trustworthy evidence of a nurse's real qualifications, and, therefore, of protecting the public against "unskilled nursing by untrustworthy women," and will for that and other reasons be injurious to the true interests of the nurses as a class.
2. That the grant of a Royal charter will give to the Association, and to any register established by it, an authoritative character, which will greatly enhance the weight of these objections.
3. That the Association is unable to comply with those conditions which every registering or certifying authority in the case of those professions or callings which have obtained Royal charters has been invariably required to fulfil; for instance, it has signally failed to secure the general concurrence in its objects of the nurse-training institutions of the country; it has not the means at its command of obtaining requisite information respecting the character of nurses, neither can it claim to be representative of the great body of nurses, or of those persons, lay and professional, by whom alone the education and training of nurses has hitherto been conducted, and who are best acquainted with their qualifications and requirements.

We understand that copies of a petition in favour of the application to the Privy Council for authority to make the register of nurses and midwives referred to have been forwarded to the Branches of the British Medical Association for signature. No previous reference has, however, been made for approval of such petition to the central Council or Committees of the Association; and, under the circumstances to which we last week referred, it will probably be thought that registration of the kind proposed will not afford due protection to the public or the profession. As a private list or directory such a document may be of some use, but it appears delusive to claim for it the title of a "Register," or to ask for it public and official sanction and authority.

The application for a charter having been referred to a committee of the Privy Council, public notice has been given that all petitions for or against such grant should be sent to the Privy Council Office on or before April 20th.

THE Treasurer of the Salford Royal Hospital has received a legacy of £500 from the executors of the late Mr. J. Hampson Jones, of Manor House, Kempsford.