

mentioned. It is yet to be seen if the cure is permanent.

NOTES IN OPHTHALMIC PRACTICE.

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THE following notes are the result of a year's experience as a touring medical officer engaged on ophthalmic work:—

(1) *The use of atropine before cataract extraction.* Whilst extracting cataracts by the intracapsular method, I found that eyes in which the pupil did not dilate after cocaineization offered greater difficulty in the extraction of the lens than eyes in which dilatation of the pupil occurred. I therefore tried the effect of instilling a tiny drop of atropine (1 per cent. solution) before beginning cocaineization, and have found that the extraction becomes considerably easier in such cases. I have only so far tried this on four or five cases, so cannot give any opinion as to the value of the method, but it appears to be worth a trial.

(2) *Cyanide injection for pannus.*—The injection of about 1 c.c. of a 1 : 2,500 solution of cyanide of mercury subconjunctivally gives such marked improvement in cases of pannus that I think the method to be worth further trial. The text-books recommend touching with copper sulphate for this condition, but this has not proved efficacious in my hands; in fact some of the cases appear to get worse.

(3) *Painting the lids with silver nitrate,* grs. 60 to oz. 1, for severe cases of trachoma has proved to be wonderfully efficacious. Of course any excess of this fluid must be at once removed by flushing out with normal saline.

(4) *Intravenous injections of iodine in a suppurating wound after cataract extraction.*—In two of my cataract cases the corneal wound suppurred. There was no panophthalmitis, but pus could be seen at the incision and a small quantity in the anterior chamber. I gave an intravenous injection of iodine (tincture of iodine 5 m. in 5 c.c. of distilled water), and the result was marvellous. The pus cleared completely in one case after one such injection, and in the other after two such injections. This suggests that intravenous iodine might be of use in the treatment of hypopyon ulcer also.

A NOTE ON THE STAINING OF TUBERCLE BACILLI.

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DR. A. D. GARDNER in the *Lancet* of 5th June, 1926, gives an account of his method of staining tubercle bacilli with picric acid as a

counterstain instead of methylene blue. As there is a 40-bed tuberculosis annexe attached to this jail, there have been unusual facilities for giving the method a trial. During the last five months over a hundred examinations were carried out on the sputa of tuberculosis patients. In all these cases the stain has been found to be infinitely superior to the Ziehl-Nielssen's carbol-fuchsin method usually employed.

The method of staining is as follows:—A little of the sputum is placed on a glass slide and spread out into a thin layer and allowed to dry. It is then fixed by passing the slide through a spirit lamp flame. An oblong strip of filter paper cut to the size of the slide is then placed on the film and carbol-fuchsin poured on and heated over the spirit lamp till it steams. The placing of filter paper over the slide has the double advantage of holding up the dirt from the carbol-fuchsin and also retards the evaporation of the solution. The slide is then washed in water and the film is decolourised with 25 per cent. sulphuric acid solution in water. When the film has been almost completely decolourised it is washed in absolute alcohol and then in water. Then a half saturated watery solution of picric acid is poured on the film and allowed to remain for 5 to 10 minutes. The slide is then washed and dried and is ready for examination, which does not take more than two to three minutes to reveal tubercle bacilli, if there are any.

The above process is merely the substitution of picric acid for methylene blue as a counterstain. The advantage of the method lies in the fact that the red stained tubercle bacilli show up much better against a yellow background than a blue one and it appears to have the additional property of restoring the colour to feebly acid-fast bacilli, which would otherwise be invisible or unrecognisable.

In our series a certain number of cases admitted are labelled "tubercle bacilli negative," but tubercle bacilli were easily detected by the picric acid test. In many cases a comparison was made between the two methods from the sputum of the same patient and while Ziehl-Nielssen staining showed no tubercle bacilli or a few doubtful bacilli, the picric acid method showed large numbers clearly.

It is hoped that others will give this method a trial and find it as useful as we have done.

BERBERINE SULPHATE IN ORIENTAL SORE.

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ORIENTAL sore—a disease which is very common in the Punjab—is very refractory to the