

this space is partially blocked. Since the fluid is continually secreted, the tension rises; on the other hand, if the fluid be diminished and not very albuminous the tension falls. Sometimes the tension may rise so high that we get the symptoms of acute glaucoma, which will be described later.

If the inflamed iris lie in contact with the lens, the pigment layer adheres to the lens capsule, forming a posterior synechia. This shows as an irregularity of the pupil-circle. If the whole ring be adherent to the capsule we have a total posterior synechia and an "excluded" pupil. The fluid cannot escape from the posterior into the anterior chamber, but collects behind the iris, distending it so that it presents an appearance like an inflated annular air cushion, being held down at both peripheral and pupillary margins. This condition is known as "iris bombé" and is always accompanied by increased intraocular tension. Sometimes the whole pupillary area is blocked with lymph—"occlusion" of the pupil.

Although it is clear from the description just given that rheumatic iritis is, when fully developed, easily recognised, its onset is sometimes insidious; not infrequently the diagnosis is difficult when cases are seen very early. A patient may attend with few symptoms beyond pain and lachrymation. No abnormality in the movement of the pupil is to be detected, or only slight sluggishness and failure in maintaining the contraction, and the injection may not be characteristic. The chief point to distinguish between iritis and conjunctivitis is the pain. In the latter it is merely superficial discomfort, as if the lids were rough; in the former it is deep-seated and neuralgic in character.

The diagnosis of acute iritis from glaucoma is more important, and will be dealt with fully under glaucoma. For the moment we may say that the chief points are the condition of the pupil and the anterior chamber. In glaucoma the anterior chamber is shallow, in iritis often deep; in glaucoma the pupil is dilated, in iritis contracted.

The treatment of rheumatic iritis is general and local. The diathesis may require iodides and salicylates, but we must not neglect the local conditions. The chief point is to avoid the formation of synechiæ; if an adhesion form between the lens and the iris, this may act as a focus of irritation to give rise to relapses.

(To be continued.)

A REMARKABLE ESCAPE.

Dr. McHardy, the well-known oculist, was, during last Saturday's gale, thrown overboard from the yacht in which he was sailing. In spite of the fact that the accident happened at night, that a heavy sea was running, and that the Professor is by no means an expert swimmer, he was rescued after an hour in the sea, and is only a broken rib the worse.

Dietetics and Antiseptics.

By MRS. CARMICHAEL STOPES.

There is one of the saddest illustrations of the frequent association of the knowledge of good with that of evil in the increasing use of the discoveries of science for practices prejudicial to the life of others. I do not at present allude to acknowledged life-destroying apparatus, as guns and the other machines and instruments of war. One is prepared for these, and for the chance of sudden death, when one goes to war.

But in domestic life we have to face new foes, through the advance of science, that mothers and nurses ought to take pains fully to understand, because at times the understanding may lead to the saving of a patient's life, and, at all times, conduce to his recovery.

It is a branch of *Dietetics*, with which doctors, *as such*, do not concern themselves, this question of *the purity of the food*, supplied under any name of accepted meaning.

This may be affected by adulteration, antiseptics, and the use of extreme cold.

I. Government has taken some pains to check adulteration of food by statute, but there is comparatively little supervision, and many dishonest tradesmen, wholesale and retail, follow nefarious practices, trusting that they may not be found out, or that they may not be prosecuted should they be found out; for customers, even when they detect adulteration, too frequently leave the tradesman quietly and go to deal elsewhere, instead of prosecuting or drawing the attention of the public analyst to the case. If all the tradesmen in the district follow the same practice, the case of the customer is hard indeed.

Of adulterants there are two classes—the *negative*, or such as are injurious only through the decreasing of nutritive value, as the adulteration of milk by water, or the substitution of margarine for butter; and the *active*, or the introduction of something directly injurious, or, at least, injurious at certain times and under certain delicate conditions of a patient's life. The adulteration of arrowroot by potato starch introduces into a patient's system a diet directly opposite to what has been ordered, and a host of invalid foods are at times adulterated in some such way. The substitution of glucose and saccharin, in place of cane sugar, in the making of jam is a well-known case of adulteration; and alum in bread. I once lived in a large village where the son of the sole baker, in a school board examination, answered the question "What are the ingredients of bread?" thus: "Potatoes, alum, yeast, salt, and—flour." Such bread is injurious to the sick.

If simple tests could be learned for some of the articles of everyday diet, nurses might be able to help their patients, and society at the same time.

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