SEVERE INJURY TO THE RETINA ACCOMPANYING AN APPARENTLY TRIVIAL INJURY.

By Captain A. E. B. WOOD.
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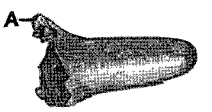
Private A. was admitted to hospital suffering from an injury to the head which he had received at the rifle range while acting as marker. He stated that he had been struck in the head by a ricochet, but thought he must have been struck by a chip of a brick, and not by the actual bullet. On examination a fairly clean incised wound was seen immediately above and parallel to the right eye-brow. The wound was about ¾ of an inch long and approximately about the middle of the eye-brow. The left upper eyelid was much swollen and ecchymosed, the patient being unable to raise it; no other injury was noticed. There being no sign of fracture the wound was cleansed, stitched with horse-hair, and healed by first intention. The swelling of the left eyelid slowly subsided, passing through the various colour changes of a contused wound. As the swelling subsided, a very hard substance could be felt lying in the outer third of the eyelid, its direction being from above downwards and from without inwards, the lower edge reaching to the palpebral margin. From its consistence the idea of a foreign body at once occurred, but



there being no sign of surface injury in the neighbourhood it was thought to be possibly a developing abscess or an inspissated hæmatoma. A small incision was made over the swelling and a small quantity of pus evacuated, producing a further reduction in the size of the tumour. On the following day while the wound was being dressed a dark metallic looking substance was seen presenting; the wound was enlarged and the presenting substance was grasped with forceps and twisted out; it was found to be about the anterior half of a Lee-Enfield bullet, both core and case complete, the latter being twisted into a sharp point at the base, and so lying that the point of the bullet was directed towards the patient's nose. The bullet had evidently travelled from the wound above the right eye-brow over the surface of the frontal bone into the left eye-lid, without causing any injury to the subjacent bone and without leaving any mark of its transit. Apparently, also, in its passage it must either have rotated about an antero-posterior axis, or it must have penetrated base foremost; the latter seems unlikely because the wound above the eye-brow was not lacerated, which would have been the case if the irregular base had penetrated first.

From the accompanying drawing it will be seen that the nose of the bullet was perfectly smooth, showing no sign of impact. Probably the bullet ricochetted from its base, and in so doing produced the projection marked "A" in the drawing, which, as noted above, was felt at the palpebral margin.

As soon as the patient was able to raise his left eye-lid, he complained of partial loss of vision in that eye. On examination of the left visual field, he failed to see objects in its right half, indicating left temporal hemianopsia. On ophthalmoscopic examination a detachment of the temporal half of the left retina was found.

It is evident therefore that the globe of the eye sustained serious injury at the time of the accident, which was, however, masked by the trivial damage to the eye-lid.

My thanks are due to Captain L. H. Abbot, 11th Rajputs, for the accompanying drawing of the bullet, and to Lieutenant-Colonel E. H Lynden-Bell, R.A.M.C., for his kind permission to publish the case.

THE CARE OF THE SOLDIER'S FEET.

By Lieutenant C. R. BRADLEY.
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A famous General is reported to have said that most battles are won on the soldier's stomach; but it would have been equally true if he had said that many battles are won or lost on the soldier's feet. A soldier is quite unable to make a sudden and vigorous attack after a long forced march if his feet are tired and sore, while statistics of manœuvres, both at home and abroad, show that a very large percentage of men report sick with sore feet after every march of from fifteen to twenty miles distance, and a still larger proportion of men suffer with sore feet and do not report sick. This large percentage of "ineffectives" must considerably minimise the efficiency of the Army in war time, when the result of a battle often turns on the ability of one side to reach a point of vantage before the other, and it stands to reason that, other things being equal, the side with the best conditioned feet will get there first.

The cause of this inefficiency, which I am convinced is greater in our Army than in other large European armies, is not very hard to find, and is one that, if proper measures were taken for the care and preservation of the soldier's feet in peace time, would considerably increase the efficiency of our troops in an age when efficiency in every little detail is absolutely essential in order to command success. A recruit on enlistment has, or rather should have, a foot free from deformity or defect, and it is hard to see why his feet should not improve rather than get worse during his period of service. Yet if the feet of any infantry battalion be examined, it is quite unusual to find any man without some slight deformity.