

A PRACTICAL POINT IN THE TECHNIC OF CORNEAL TATTOOING, THE VALUE OF WHICH IS NOT COMMONLY RECOGNIZED.

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A case of rather extensive and very irregularly outlined corneal opacity, the result of a penetrating wound of the cornea with laceration of the iris in early childhood, which recently came into my hands for tattooing, afforded some ground for cogitation when the point was reached of deciding how I should proceed in the matter. A minimum of traumatism, because of the grave nature of the injury which the eye had suffered, and the insertion of the India-ink just where it was needed, and *only there*, were the desiderata.

At the first sitting, following my usual practice, I applied the ink to the cornea and pricked it in with a Weiss cataract needle. It was almost at once manifest, however, that this procedure was ill adapted to meet the conditions, for the ink completely obscured the field of operation, and it was quite impossible to distinguish between the clear cornea and the irregularly outlined corneal opacity; furthermore, I could feel no assurance that I might not be stabbing, more than once, the same spot in the leukomatous tissue.

A trivial amount of irritation followed the operation, and in two days the condition of the eye warranted a repetition of the tattooing. This time, however, I reversed the order of procedure, first using the needle and afterward rubbing in the ink. With an unobscured field I could see distinctly the outlines of the corneal opacity, and tell exactly where the little oblique stabs should be made, and, besides, it was

easy to avoid making more than one stab at the same spot. The ink was applied with a small cotton mop and gently rubbed in with a Daviel curet. The cosmetic effect, as observed the next day, was most satisfactory, and only one more sitting, after the lapse of another twenty-four hours,—the same procedure being then followed,—was required to complete what I may, perhaps, be pardoned for calling the requisite “camouflage.”

A cursory examination of the literature bearing upon the subject in my library showed that the procedure which I had employed with so much satisfaction was not novel; but, on the other hand, it convinced me that its advantages were little known, for I found that a large majority of the authorities, in describing the operation of corneal tattooing, spoke only of the application of the ink to the cornea before the use of the needle or of pricking the ink into the cornea by means of a grooved needle. And it is for this reason that I have thought it worth while to make this communication.

Cocain in 4 per cent. solution, supplemented by a single application of a 1:1000 adrenalin solution, afforded very satisfactory anesthesia. Murdoch's speculum was used to keep the lids apart, but fixation forceps were not employed, the eye being steadied by the finger-tip. The India-ink, which there is good warrant for believing contains no micro-organisms, was not sterilized, but was rubbed up with a few drops of sterile water upon a suitable sterilized glass dish.