

on the 4th of March. He was left lying in the snow, and the following day, developed a pneumonia of the base of the right lung. On the 26th of the present month he is convalescent, and has not had another fit. While this case is not cured, it is cited to show that the Hydrocyanate of Iron has already vastly improved the patient. He had been under other treatment before coming to the Hospital, and not only had there not been any improvement, but the patient had steadily grown worse.

THREE CASES OF GRAVE INJURY TO THE EYEBALL WITH ULTIMATE RECOVERY OF USEFUL VISION.

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As most of the readers of the RECORD are general practitioners who are so situated that they must often treat serious injuries of the eye, whether they will or no, I need make no apology for citing the following instructive cases:

Case I.—On Nov. 4, 1900, Carl A., a Swede from Radnor Forges, was sent to me by Dr. W. H. Drummond for treatment. Seven days previous to his visit to me he had (while working with a sledge-hammer) been struck on the right eye by a fragment of steel. He consulted immediately a local physician, who ordered him to stop work and prescribed atropin drops. After the first shock of the injury had passed away the eyesight was good, and the eye gave little trouble until the fifth day, when it became very red and painful, and vision was greatly reduced. Two days later he came to Montreal. On examining the eye I found it very red (from intense scleral and conjunctural inflammation), the pupil widely dilated (from atropin). In the bottom of the anterior chamber was a small deposit of yellow exudate, *i. e.*, hypopyon. The eye was very tender to the touch, and gave patient considerable pain. No red reflex could be obtained when light was thrown into the pupil, nor could the fundus be seen with the ophthalmoscope. By oblique illumination a yellowish reflex was produced, a mass