

our hand, they cannot divest it of many of the difficulties which are inseparable from such cases, and are beyond the acumen and skill of the widest and wisest experience. Yet it will enable us to meet them with a riper, clearer judgment, and a feeling that we have some power in our art to guide our patient between the Scilla on this side and the Charybdis on that, and not stand passively by with a feeling of therapeutical helplessness to aid nature in her efforts in repair.

Punctured wounds of the tunics of the eye are amongst the most serious and momentous cases with which the ophthalmic surgeon has to deal, taxing the greatest skill and experience in deciding not only the best procedure as to the treatment of the wounded eye, with regard to the healing process and the preservation of sight, but also the safety of the sound eye and its ultimate welfare. And though there are many valuable rules for our guidance, based upon a wide and varied experience, still, in the application of them there is ample room for the exercise of the wisest judgment in dealing with individual cases for which no fixed rules can be made.

It is hardly necessary to state that punctured wounds of the globe have affects differing with the parts and structures involved, as well as by their extent and the instrument which inflicts them, whether it be sharp or blunt, dirty or clean, or whether it remains within the eye as an inert foreign body, or susceptible of chemical or other changes.

The cornea is tolerant of wounds which readily repair and give little trouble, excepting it may be from the opaque leucoma resulting from cicatrization, which impairs vision and which very slowly or never clears away.

With the cornea the more vulnerable iris is frequently wounded, which also may further complicate by becoming entangled in the corneal wound or prolapse through it, which we endeavour to replace with much care by means of suitable instruments, and if successful, induce it to remain so by means of eserine to contract the pupil, and also to prevent synechiae, more especially to the cornea, or if unsuccessful, to snip it off, making an iridectomy.

Atropine too, has its uses in these cases, in preventing synechiae and favouring a useful pupil.

But often it is irritating and increases tension, conditions which, if possible, should be avoided.

Wounds of the cornea, extending beyond its periphery into the sclerotic and ciliary zone, such as Case II., are of more serious import on account of the highly organized, nervous, vascular and nutritional character of the parts involved, as well as the drainage of the front of the eye. Sutures here may be required under the strictest antiseptis, or a compress and bandage under like precautions, or if the wound be extensive, with loss of vitreous, internal hæmorrhage and great impairment or loss of sight, enucleation at once or after a trial of milder procedures may be the better course.

In framing our decisions, more than local conditions should be taken into account—the age and constitution of the patient, his reliability in following instructions, his proximity to a surgeon, and many other conditions. Where the injury is extensive and the lens is wounded or dislocated, and the vision much impaired or gone, enucleation may be the proper procedure. Wounds containing or supposed to contain foreign bodies are the most grave and difficult of all, and we should not hastily conclude that an eye does or does not contain a foreign body, as upon it hinges the course to be adopted, as also our prognosis. The front of the eye may be wounded by a missile, such as a shot, and pass over it, or through it into the orbit, giving the impression that it is still within the globe. We should patiently listen to the patient's story and be careful he does not mislead us. I once heard Mr. Lawson say, "I never took the opinion of a patient and acted on it that I was not sorry for so doing." Yet this should not excuse us from submitting ourselves to his version of the accident, but we should be careful to accept only that which is of value in his case. When found, the indication is their removal. We are not justified, however, in probing about to find and remove them, excepting in extensive wounds by large bodies. When they are free or slightly fixed in the A. chamber or in the vitreous, and of metal susceptible of magnetic attraction, an effort at extraction by means of the electro magnet may be made, or if firmly imbedded in the fundus may be best let alone, with the hope that they may become encysted, as eyes have been known to contain foreign bodies for years with perfect vision; still, this is the rare exception.