

cholelithiasis, intense biliary colic may be due to the frequent presence of old inflammatory adhesions. Similar conditions about the female sexual organs have long been regarded by gynecologists as indicative of exploratory laparotomy, as severe and exhausting attacks of pain have often been arrested by division of morbid uterine and ovarian adhesions."

For my own part I should not hesitate, were I to have a similar experience with this trouble, to make an exploratory incision as soon as there appeared doubt as to the usual rapid recovery one looks for from the passage of the offending stone. And I am led to this conclusion from the very unsatisfactory therapeutic means at our disposal.

In the acute stages, we are limited to the use of morphia as our very best agent to control pain, and in the intervening periods, besides the ordinary hygienic advice which one may give to his patient in regard to diet, exercise, avoidance of cold (for these attacks mostly occur in cold weather), etc., it would seem that no medicine has any effect whatever upon the calculi already formed and retained in the gall bladder. Phosphate of soda, olive oil, bicarbonate of soda, and chloroform are remedies recommended by various writers, but equally disappointing. In view of the fact that common observation recognizes such dangers as the following: exhaustion from repeated attacks; fatal collapse from pain; fatal jaundice; dropsy of the gall bladder, and danger of it rupturing; empyema of the gall bladder; abscess of the liver; local peritonitis; perforation of the gall bladder or gall ducts causing abscess, peritonitis and septicemia, and intestinal obstruction or hemorrhage, it is to be hoped that we may have such collected experience that we shall know more accurately when we should operate, and feel less hesitation in undertaking this operation than has been the case in the past. (Discussion see page 259).

The next annual meeting of the National Association of Railway Surgeons will be held at Omaha, Neb., on the 24th, 25th and 26th of May. The Association embraces Canada, Mexico and the United States. One subject for discussion will be "Injuries of the Cord and its Membranes without Fracture of the Spine."

## PUNCTURED WOUNDS OF THE EYE BALL.\*

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG.,  
OTTAWA.

I would ask your attention for a short time while I read the notes of two or three cases of punctured wounds of the eyeball, with a few remarks thereon. They present nothing of an unusual character, the treatment of which has been rather conservative. They serve as a text to illustrate some of the difficulties which beset us, not only at the beginning of such cases, but for an indefinitely long time into the future.

CASE I.—H. T., aged 19 years, a healthy young man, kindly sent to me by Dr. McFarlane, Aug. 19th, 1890, on account of a punctured wound of his left eye, by a 2½-inch cut nail, which was thrown at him by a comrade three days before. The wound was situated in the ciliary region at the lower border of the cornea, one-sixteenth of an inch from its margin, and was about one-eighth inch square in extent. There was much chemosis and lessened tension from loss of vitreous and through the pupil, which had been dilated by a mydriatic before he came to me, a clot of blood could be seen behind it, obstructing further view. The cornea was clear, and the iris free from inflammation. The condition of the lens and deeper structures could not be seen. Vision was nil, the vision in the other eye being emmetropic.

He was put to bed in a darkened room, and his face washed and his eye irrigated with a solution of hyd. corrosivi, ʒ in 5,000, and a compress of lint saturated in a solution of A, B ʒj and Oj applied over both eyes, while one drop of liq. atropiæ, S every six hours, was dropped into the eye.

He was free from pain, and progressing favourably, but on the third day could not be induced to remain in hospital, so went out and was lost to observation,—recent tidings of him being that the eye was not in any manner operated upon, that the sight in it is lost, and that the other eye remains unaffected after two years.

CASE II.—Punctured wound of cornea, iris and lens. W. S., a well-developed boy, aged three years, kindly referred to me by Dr. H. P. Wright, Aug. 4th, 1892, on account of having jabbed a

\*Read before the Canada Medical Association, Sept., 1892.