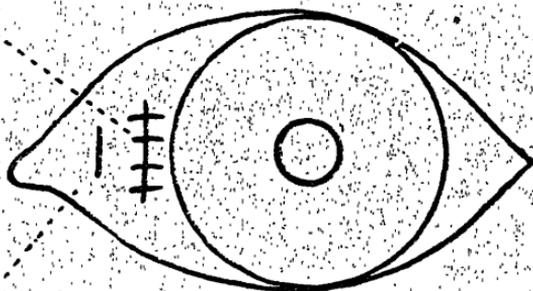


a brown wound showing the choroid exposed, about 2 mm. long. On looking into the eyeball I could see a white mass occupying nearly all of the lower part of the fundus, extending to the macular region and showing many hæmorrhages. I used the large magnet (Sweet's magnet) and after one unsuccessful attempt succeeded in removing a large piece of steel 21 mm. long and 5 wide and 2 mm. thick, weighing six grains.

After having removed the piece of steel I dissected up the conjunctiva on both sides of the scleral wound and cutting off about 3 mm. of it on the side towards the cornea, drew the distal flap across by sutures so



that the line of conjunctival sutures was not over the scleral wound, but to the corneal side of the same.

Healing was perfect and he can count fingers at 10 feet and can see large objects. As a wage-earner he has two good-looking eyes, though one of course is impaired, and he does not have the discomfort of wearing an artificial eye which he would have had to do had this steel remained in or had this accident occurred before the use of the electromagnets, etc., such as we possess to-day. Had this steel been left in the eye an oxide would have been formed completely destroying the eye.

W. GORDON M. BYERS, M.D. I should like to add my word of congratulation to Dr. Mathewson, particularly in connection with the favourable outcome of his second case. I am sure the conjunctival flap here favored healing very greatly. Cases of this kind mark the progress that has been made by ophthalmology in recent years. The X-Rays and the electric magnet have made it possible to save in most instances cases which a comparatively short time ago were irremediable.

J. ALEX. HUTCHISON, M.D. I am sure we are all indebted to Dr. Mathewson for showing us these interesting cases. The general surgeon is not accustomed to see a mastoid scar looking so cleanly as in this case.

G. H. MATHEWSON, M.D. I might say that the mere fact of a man