

a straight line and thus successfully to take it out, whereas before doing so I failed on account of pulling at an angle.

This exemplifies the necessity of being patient and trying different lines of traction. Like a flash does the steel, when it comes out, appear on the tip of the magnet. In this case there was necessarily much disturbance of the various structures, and though granting an aseptic foreign body, still there was a natural fear of losing the eye. Owing to an unavoidable delay several days elapsed before the magnet was used. It is sometimes advocated to make, in this form of case, an incision in the sclerotic back of the ciliary processes and through this opening remove the piece of steel by the magnet.

I did have difficulty in saving the eye, but finally, after two months, it recovered, being perfectly quiet. Tn., bright perception of light with a good field. I gave iodide of potassium and mercury, internally, and kept upon the eye without cessation a large piece of ice. This was always put in a sling of cheesecloth and laid upon the closed eyelids with a thin pad intervening.

The use of ice in a rubber bag is wrong, rather, a much inferior method. The cheesecloth enables the eye always to have the effect of the full chill of the ice, whereas using the bag, the latter is often only filled with cold water, the ice having melted. The water, as the ice in the cheesecloth melts, runs away, and hence the ice is always in contact with the eye, and also it can be noticed when the bulk of ice is much lessened and thus put on a fresh piece without any delay. In this way the eye was kept thoroughly chilled for at least six weeks. This condition was a great check to the subsequent inflammatory changes and so limited them as to enable the eye to recover therefrom. My last information was, that the eye was quite quiet and the vision impaired by the corneal scar and opaque capsule.

The second case was about one year ago, and was that of a man whose eye was wounded by a piece of steel, which penetrated the outer cornea and iris, and lodged midway between the lens and ciliary body without apparently affecting either of them. A delay in getting the magnet caused an exudate to surround the steel and pain began. However, warned by previous experiences, I made an opening in the cornea opposite to it and finally landed the piece of steel. In this case, though I knew its position and the condition of the surrounding tissues, still one hour and a quarter elapsed before the steel sprang out and attached itself to the tip of the magnet. My first case took in all two hours. The magnet was fully acting upon the steel, as evidenced by the jolting movements of the eyeball and head. Hence the necessity of perseverance if you wish to succeed. This case when last heard from had good vision with the eye quite quiet. I am informed that I was the first in the city to use Haab's