

The Canada Lancet

VOL. XLI.

JUNE, 1908.

No. 10.

TWO CASES OF STEEL IN THE INTERIOR OF THE EYE AND THEIR SUCCESSFUL TREATMENT.*

G. HERBERT BURNHAM, M.D., Tor., F.R.C.S., Edin.,

Professor of Ophthalmology and Otology at the University of Toronto, &c., Toronto.

MANY, perhaps all of us, can recollect how hopeless we used to be in the presence of a piece of steel in the interior of the eye. Such an accident was generally looked upon as synonymous with the enucleation of the eye, or if not, a long season of suspense and the constant fear of sympathetic ophthalmia.† However, I can say regarding this latter disease, sympathetic inflammation, that of this justly dreaded affection I have not the same fear as oculists in general seem to have, for I have succeeded in saving eyes which have suffered from the milder, and also from the worst, forms of sympathetic disease.

Judging from the literature of this affection, I am alone, apparently, in expressing such full confidence in an ability successfully to treat sympathetic inflammation.

Returning, however, to the subject of this paper, I can safely say that this feeling of inability to do anything regarding eyes injured by pieces of steel is now done away with, owing to the x -rays and Haab's magnet, for through them we can be sure of their presence and locality, and of the means of their removal. My remarks will be founded upon two of my cases.

In one which occurred several years ago, most opportunely the Haab's magnet had just been received. The late Dr. McMaster and myself tested it a few days after its arrival. The next day, almost, a man with a piece of steel in the interior of his eye presented himself.

The late Dr. McMaster by the x -rays accurately located it in the vitreous. It had in its passage wounded the inner third of the cornea, iris and lens. The magnet, mounted on a movable stand, was applied to the cornea a little to the inner side of the centre. It acted, and the piece of steel presented itself through the outer iris. There it lodged, and the magnet, though placed between the lips of the wound in the cornea, could not budge it. I now elongated the wound to the opposite corneal margin, just in front of the piece of steel. Now the magnet quickly removed it. This last elongation of the corneal wound allowed me to draw upon it in

* Read at a meeting of the Ophthalmological and Oto-Laryngological section of the Academy of Medicine, Toronto, April, 1903.

† 'The Combined Treatment in Diseases of the Eye,' by G. Herbert Burnham, M.D., Tor., F.R.C.S., Edin., Professor of Ophthalmology and Otology at the University of Toronto, etc., Toronto, Can., by H. K. Lewis, 186, Gower St., W.C., London.