

CASES IN PRACTICE.

BY CHARLES M. SMITH, M.B., OWEN SOUND.

(Continued from our last.)

CASE 3. LOSS OF SIGHT FROM A GUN EXPLOSION;
CORNEAL OPACITY OF RIGHT EYE; PARALYSIS OF
THIRD NERVE AND HÆMORRHAGIC EFFUSIONS ON
LEFT SIDE; OPERATION FOR ARTIFICIAL PUPIL;
RECOVERY OF SIGHT IN BOTH EYES.

Was called on the 5th of October, 1870, to see David B——d who had been injured by the explosion of a gun. On reaching the place, which was about five miles distant from town, I found the patient bleeding profusely from a deep wound at the superior internal aspect of the orbit. A horizontal wound of one and a half inches extent laid bare the supra-ciliary ridge on the same side, the inferior margin lying reflexed over the eye. The pupil of the left eye was widely dilated and the anterior chamber partially filled with blood.

The right side of the face was severely burnt from the forehead to the angle of the mouth and black from the presence of the grains of gunpowder. The eye lashes were completely burnt off on the same side and the superior and outer half of the conjunctiva was abraded and blackened. The centre of the cornea was pierced by a large sized grain of powder. The man could see nothing, not even distinguish light.

I extracted seven small fragments of bone from the first mentioned wound which allowed the probe free entrance into the frontal sinus; a splinter of the stock was also extracted from the same wound. The young man who had been with him said that the patient had himself jerked the portion of the lock from the same place before he fell to the ground. Three sutures of silver wire were employed to close the wound on the eye brow, and the hæmorrhage controlled from the first mentioned place by Tr. Ferri Perchlor. As much as possible of the powder was extracted and the parts covered with cotton wool saturated in carbolic oil.

As the man had been a heavy drinker the prognosis was extremely unfavorable. Before leaving the house I ordered cold water cloths to be kept constantly to the wounds on the left side; and administered a mercurial purgative. During my sub-

sequent visits I found the right eye progressing favourably although it was with great difficulty that the eyelids were kept from adhering to the globe, as I had to trust to the faithfulness of the man's wife in passing a silver probe frequently between the abraded surfaces. Several times the frama had to be divided with the knife; fungous granulations also formed but were quickly removed by Argent. Nit. Fus. By the 1st of November the conjunctival and corneal surfaces were entirely healed, but vision was obscured from the opacity of the upper and outer three-fourths of the cornea.

On the left side the sutures were withdrawn on the fifth day and the wound healed favourably, but the cavity at the angle discharged large quantities of pus, although it had diminished considerably in circumference. The patient also complained greatly of neuralgic pains in the left eye, the conjunctiva of which was chemosed in its whole extent. The pain was relieved by the application of an atropia solution (grs. ii. ad ℥i.) to the eye, along with a blister to the temporal region.

As the patient was able to discover objects partially when the right pupil was dilated with atropine, I determined to form an artificial pupil, which was done by the operation of incision at the inferior aspect of the iris. The usual after-treatment was adopted and when the bandage was removed the patient had good vision excepting in the right lateral direction. By the end of November the wound on the left side had contracted to a sinus, the blood had disappeared from the anterior chamber, but the pupil still continued in a state of extreme dilatation and the eye could only be rotated outward by the external rectus on its vertical axis and slightly upwards and inwards by the sup. oblique, showing that the third nerve had been injured. On dilating the sinus with a spring ear speculum and admitting all the light that it was possible to get in the little cabin lighted only by one window, some dark coloured substance was noticed at the depth of about an inch. As considerable traction on this caused only severe pain and hæmorrhage, I desisted. Two days afterwards this had approached the surface sufficiently for me to be able to distinguish it as some foreign substance. By a little rotation combined with traction I succeeded in withdrawing a substance that, when washed, excited some surprise, for it was nothing less than a circular piece of felt! When