

and removal of the wounded eye revealed the bullet lodged in the rear, and relieved the patient of all trouble. Too much importance can hardly be placed upon the necessity of a prompt realization of the dangers to the patient, which arise from the injury, that no stone be left unturned to remove the danger and to make the patient realize that danger. Many have had to bless their physicians for the loss of eyesight, that might have been spared to them.

A lens dislocated by a blow is a foreign body that has not infrequently produced sympathetic trouble and must not be overlooked. Another cause of sympathetic inflammation which hardly falls under this head, and yet must be remembered, as explanatory of indications of inflammation not otherwise explained in an apparently sound eye, is the irritation of an artificial eye upon a stump.

Given a patient in whom then we have reason to look for the occurrence of the disease, but where the conditions are not such as to demand the immediate removal of the irritating eye, we must be able to put him in possession of such information as will enable him to lose no time in consulting a physician when the first symptoms appear.

The symptoms that the sound eye is threatened vary, but include, a vague sense of smokiness before the eye; a difficulty in focussing small objects; difficulty or painfulness in reading fine print; flashes of light with changing colors; wavering mists before the eyes, as of heated air rising from a stove; lachrymation in using the eye for near work.

These are the symptoms of the *stage of irritation* which always precedes the outbreak of inflammatory processes. Sometimes they only appear when the bad eye becomes inflamed, to subside again when the inflammation subsides, but any of these should form sufficient ground for a thorough ophthalmoscopic examination.

The patient sometimes has a constant sense of something wrong in the sound eye; now and then neuralgic pains are felt in connection with the sound eye, or photophobia when exposed to a bright light.

Further information may be gained when the patient is examined. A painful spot may be located in the sound eye, corresponding to the seat of pain in the irritating eye. A faint blush may be observed around the cornea. The patient may read

fine print, or see well at a distance, but be unable to maintain the effort for any length of time. Optic neuritis may perhaps be discovered with the ophthalmoscope, or signs of choroidal trouble be made out.

Such a conjunction of symptoms would warrant a diagnosis of sympathetic irritation, which experience has dearly taught us, may develop even in twenty-four hours into true inflammation. We cannot be too keenly aware of the danger, and of the necessity for prompt action, or the very worst results may be anticipated.

We unfortunately often meet with these cases for the first time after the irritable condition has become too serious to be longer neglected, or where the second stage, that of inflammation, has begun. The irritable stage is generally of short duration, so short as sometimes to cause a denial of its presence at all, and especially so in the class of cases that we styled *immediate*.

The signs of actual inflammation will be pain, redness, decided impairment of vision, as experienced by the patient, and as observed by the physician, iritis with discoloration of the iris, contraction of the pupil, posterior synechiæ, and blocking of the posterior chamber. Pain is, however, not always present, especially in children. The development of the inflammation is rapid, with a great output of very plastic lymph, which has pronounced tendencies to organize.

Coming now to the discussion of our line of action when either of the above conditions presents itself, we find that as a rule we cannot err, if we fully apprehend the conditions present. First, as regards the treatment of the *diseased eye*. When we have signs merely of irritation in the sound eye, we must treat only by removal of the cause—the diseased eye. It is a standing menace to the sound one, and must be removed as quickly as may be.

The loss of an eye is viewed with repugnance naturally by every patient, but there is all the more necessity for a clear statement upon the part of the physician as to what may be feared, nay, expected from the retention of the irritating eye. Few are so sanguine, or unintelligent as to fail to understand what the loss of two eyes entails. We have, moreover, the almost absolute certainty, that the removal of the diseased eye will be followed by a cessation of all symptoms, and future