

pathetic ophthalmia may be feared as a possible contingency, may, for the purposes of this paper, be viewed as divided into those where the danger is an *immediate* or a *remote* contingency.

The danger is immediate in all cases where the eye-ball has been recently wounded, from any cause, or to any extent, especially if the wound be in the ciliary region, and, more especially still, if the object causing the wound remain lodged in the eye. The danger is remote in all cases where some disease process has been going on in one eye, which in its course has involved the iris or the ciliary region, such involvement frequently leading at some future time to the onset of sympathetic inflammation in the other eye.

When called to see a patient suffering from some injury involving, or suspected of involving, the eye, the question must present itself in view of the damage done, Is it wise to leave the eye in position, or should some step be taken to preclude the possibility of an ultimate loss of sight in the other eye?

The answer to this question will depend upon several points: 1st, the amount of sight left in the injured eye; 2nd, the region involved; 3rd, is there a foreign body in the eye?

1. If the sight is lost, the eye should be removed instant, as *any blind eye is at any time a source of danger*. If the sight be largely affected and not likely to be regained, and unless there be other strong reasons to the contrary, it were better to enucleate at once. It is true that a better stump will be made by evisceration and the insertion of an artificial vitreous, but this is an operation that the general practitioner can hardly be expected to be prepared for, and ere an oculist can be brought, great damage may be done.

In advocating the removal of the irritating eye I am fully of the opinion that in the hands of an oculist other operative measures, less radical and less repugnant to the patient may be equally efficacious, but in the hands of the general practitioner, I consider enucleation the only justifiable course.

In the case of children, where the loss of the eye-ball is so frequently attended by imperfect after-development, the operation of enucleation should be avoided if we can avail ourselves of skilled advice.

2. With regard to the bearing of the position of

the wound upon the question, we must keep in mind that any wound of the ciliary region, which involves the iris, even wounds of the cornea near the sclero-corneal margin, are especially liable to cause sympathetic inflammation. Still it is in all cases most desirable to save the eye, and if the patient be intelligent and good aid be close at hand, I would prefer to recommend an expectant plan of treatment combined with thorough asepsis, instead of immediate removal.

The danger of sympathetic inflammation is not limited to accidental wounds of the eye-ball, but is found in connection with wounds made by the surgeon himself.

3. Where we have to deal with a foreign body, the question is even more serious. Foreign bodies have remained imbedded in the eye for years, without causing any serious damage, but as a rule the prognosis is bad, especially if they have penetrated or are located in the ciliary region. A foreign body can be removed, as a rule, if lodged in the cornea or iris, but if it has entered the vitreous, removal is difficult, and it is apt to gravitate to the lowest point, and there produce irritation.

The danger from a foreign body abiding in the eye, arises whenever it is embedded in the iris, ciliary processes or the choroid, or is lying on the retina, and pressing upon the choroid. In cases where the entrance of a foreign body is suspected but not demonstrated, the suspicion will be strengthened if the wound does not heal kindly, or if the reaction is in excess of what the origin and nature of the wound would appear to justify.

The residence of a foreign body in an eye will endanger, sooner or later, the existence of that eye itself, and may bring about sympathetic trouble in the other; therefore the course of action and prognosis must be carefully considered, and unless you are sure that your patient is of sufficient intelligence to keep watch for the slightest symptom of irritation, it is wrong to let him out of your hands without providing against the contingency. The object which enters the eye may be of any nature whatever, and is equally dangerous in all. A case was reported by Goode, in the *Journal of the American Medical Association* some time ago, where a bullet was supposed to have grazed the eye-ball, as no trace of it could be found. For ten years, there were symptoms of irritation in the sound eye—not referred to the original trouble—