

I am aware that there are many difficulties in the way of surgical interference, but it is the only means by which reduction could be effected in confirmed cases. The abdominal incisions would not be greater than those required for excision of ovarian tumour, and manipulations as severe are often practised in operations on voluminous herniæ.

Guildford, Dec. 18, 1843.

INTERESTING CASES

OF

FOREIGN BODIES IN THE EYE.

BY

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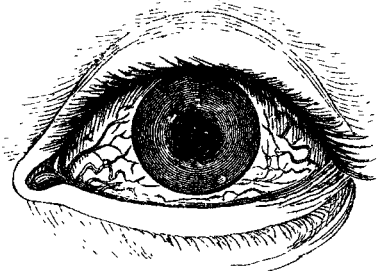
As the treatment of cases in which foreign bodies have pierced through the cornea, and penetrated the anterior chamber of the eye, is of importance, I send for publication in *THE LANCET* the particulars of one which has recently fallen under my observation.

CASE 1.—William Dick, aged twenty-three, applied to me on the 18th of last August. He was a turner by trade, and about two hours before I saw him was engaged in working some brass in a lathe, when a particle flew off and struck his left eye. The pain at the moment was not very acute, and having washed the eye with warm water he resumed his work; but he was speedily obliged to desist, from the severity of the pain which came on. He then applied to me.

Upon examining the eye I found that there was already great congestion of the conjunctival and sclerotic tunics, and, directing my attention to the cornea, I at once observed a bright metallic particle lying at the bottom of the anterior chamber, towards its outer part; a little higher, a wound in the cornea indicated where it had penetrated. The patient complained of much intolerance of light and intense pain, not only in the eye itself, but extending to the brow, temple, and side of the nose. From the severity with which inflammation was evidently setting in I felt the importance of removing the particle at all hazards, and proceeded as follows:—

Having separated the lids and fixed the eye with the fingers of one hand, I made an incision obliquely downwards and outwards, through the lower portion of the cornea, and then cautiously introducing the fine hook occasionally used for extracting the cataract, I gently picked out the particle, which was a minute scale or chip of brass, flattened, and of the circumference of a small pin's-head. Having removed it I applied belladonna to the brow, bound up the eye, had the patient cupped from the nape of the neck to six ounces, gave him active aperient

medicine, placed him upon low diet, and enjoined perfect quietude. My instructions were attended to, and I had the gratification of finding that the inflammatory symptoms speedily subsided. The patient, indeed, did so well that the section appeared firmly united on the third day, and at the expiration of a week he was discharged cured.



The particle of brass is lying at the bottom of the anterior chamber, and the black line marks the incision for its extraction.

I would impress upon the mind of every surgeon to whom such a case as the above might occur, and who may not be much in the habit of operating upon the eye, the immense importance of avoiding injury to the iris. That membrane will bear a considerable clean incision with impunity, as is constantly seen in the operation of extraction of the cataract, but it will not bear bruising or contusion. If such violence be applied, destructive inflammation is almost sure to follow. So sensible am I of this, that if, in making the first incision in the operation of extraction, the aqueous humour escapes (an accident which will now and then happen to the best operator), I prefer sending the patient to bed, and deferring the operation for a few days, to completing the section with the curved knife, for however carefully that may be used, violence to the iris can scarcely be avoided, and the risk of subsequent inflammation is thereby greatly increased.

In the "*Medical Gazette*" for October 8, 1841, I published some remarks upon the treatment of foreign bodies in the eye; and the following case will illustrate the importance of careful investigation whenever such an accident is suspected.

CASE 2.—A respectable tradesman applied at the North London Ophthalmic Institution on the 8th of July, 1843. He stated that five weeks previously, whilst walking in the street, he felt something "strike into his right eye," which caused acute pain. He immediately went to a surgeon in the neighbourhood, who examined the eye, but failed in detecting any foreign body. The patient was directed to foment the eye thoroughly with warm water, which was done; but no relief was afforded. Inflammation, with severe

pain, set in the same evening; leeches were applied; active purging was resorted to; but without alleviation of his sufferings. After two days' torture he consulted another surgeon, who was equally unsuccessful with the first in discovering any foreign body, but neither of these gentlemen could have everted the upper lid. The patient stated to me that he was confined to bed three weeks, and severely salivated; but although the acute symptoms subsided, motion of the eye caused severe pain.

When I saw him, five weeks after the accident, he was much debilitated, and his teeth were loosened by mercury. The conjunctiva of the eye was of a purplish hue; the cornea hazy towards its upper part; and many vessels ramified upon it; the iris dull and slightly discoloured; the vision imperfect.

The first thing that I did was to evert completely the upper lid, and there I found a particle, apparently of coal, quite as large as a small pin's-head, firmly adherent to the conjunctiva of the palpebra, and imbedded in a sort of fungous growth. I picked it out with a cataract-needle, and the poor fellow immediately experienced the greatest relief. He said he felt "comparatively in heaven." The exciting cause of irritation being removed, the eye rapidly got quite well.

This case should teach a lesson to every surgeon which ought never to be forgotten, and will, I hope, leave a deep impression upon the minds of all who read it,—it requires no comment from me.

Tenterden-street, Hanover-square,
Dec. 20, 1843.

DEATH AFTER SWALLOWING THE INFLAMMABLE TIPS OF LUCIFER MATCHES.

To the Editor of THE LANCET.

SIR,—I beg to forward to you, for insertion in THE LANCET, the subjoined case which has lately occurred in my practice, and which I consider valuable, not only from the fact that few, if any, similar cases have been recorded, but, also, from the anomalous symptoms that were observed during life, as well as from the very unusual appearances which were exhibited at the post-mortem examination. I remain, Sir, yours very obediently,

JAMES SHEPHARD.

Union-street, Stonehouse,
Dec. 15, 1843.

On Monday evening last a poor woman brought her child, aged two years and four months, to my house, informing me that on the previous Thursday, while kissing her child, she observed her breath to smell of lucifer matches. However, as the child was

not at all unwell, she contented herself with mentioning her suspicion to her husband. The child continued well all day on Friday and Saturday. On Sunday, although she seemed poorly, she ate a hearty breakfast. The father this morning discovered eight lucifer matches with the ends bitten off. On Sunday evening the child was taken to chapel, though she appeared rather heavy and drowsy. On Monday she still appeared very unwell, but without any prominent symptoms. On being pressed she stated that she had sucked the lucifers. As she became worse towards the evening she was brought to me for advice. She was lying in her mother's arms, exhibiting a disinclination to move. She had a little feverish excitement, but there was a total absence of active symptoms. The bowels had been opened, but not purged; there had been no vomiting, no complaint of pain. I questioned the parents especially as to the probability of the child having on that day (Monday) sucked the matches, but they assured me that it was impossible the child could have obtained them since the Thursday. I recommended a little oil, and expressed my opinion that this was not a case of poisoning by phosphorus, and that the lucifer matches were not the cause of the illness. In about five hours from my first seeing the child I was called out of bed to attend her. She was violently convulsed, and altogether in a very alarming condition. I left with the conviction that the illness and convulsions were but coincidences. The child died about three hours after my visit, and an inquest was held on the body, when I informed the jury that although I could give no decided opinion on the case still I believed that the death was but a coincidence, and was not the result, of the taking phosphorus. The jury then adjourned to give me time to make the required examination, when, to my great surprise, I found the following appearances:—

On opening the stomach, about half a wineglassful of mucus, intermixed with blood, resembling coffee-grounds, escaped. The mucous membrane of the stomach was, generally, highly vascular, and there was an abnormal quantity of mucus secreted and attached to the mucous membrane. There was an irregularly-defined space, covering about two inches in extent, of a florid red colour, on the surface of which was a thick collection of mucus, intermixed with which was "coffee-ground" blood, presenting the appearance of having been simultaneously secreted. On holding the stomach to the light its vessels were seen to be generally much dilated. The most singular appearances were in the intestines. They were such as I can account for only on the supposition of powerful reversive action, but where were the symptoms during life? Throughout the small intestines I found ten invaginations, many of which included