

soon after by half a grain of emetine hydrochloride. The bleeding now ceased, but the pulse continued to be thready. One c.c. of camphor in oil was accordingly administered, and the patient's condition improved, the pulse tension becoming better.

Castor-oil, bismuth and opium mixture was next given, with a light diet of barley water and sherbet, and a hot flannel binder applied to the abdomen. The dysentery, however, continued with streaks of blood in the stools. A change was therefore made to salol with sodium bicarbonate.

Two days after commencing the powders, I was informed that the patient had vomited a roundworm, 12 inches in length. At night, accordingly, a powder of 3 grains of santonin with 20 grains of sodium bicarbonate was given. A bundle of ten roundworms was passed, and on continuing this line of treatment, 32 worms were passed in all.

Simple astringent mixtures and bismuth powders were next administered, with a restricted diet, and the patient made a speedy recovery. Two months after the onset of his illness he was back at work.

The recovery after so severe an attack and with a heavy *Ascaris* infection in an elderly man was very satisfactory. No relapse occurred.

A CASE OF A PERFORATING INJURY OF THE EYE FROM A FOREIGN BODY, AT THE CLINIC OF WIEDENKRANKENHAUS, VIENNA.

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WHILST recently attending this clinic on my way to London, I saw a very interesting case of injury to the eye by a foreign body. The details were as follows:—

The patient, Melzer Franz, aged 27 years, is a blacksmith by occupation, and a week before admission to the clinic, whilst he was hammering on the anvil, a particle of iron sprang from the anvil and hit his eye. Whether it had entered into the globe or not he could not say.

On examination vision was 6/12ths. Under the conjunctiva, just near the limbus about the 9 o'clock position, a dark point was visible. At 10 o'clock position at the inner border of the ciliary portion of the iris, a square hole was present, the size of a small pin's head. On dilation of the pupil with atropine a fine white streak of opacity was seen, beginning just behind the hole in the iris and leading outwards and backwards to a bigger circumscribed opacity, the size of a large pin's head.

On ophthalmoscopic examination, a brightly glittering foreign body was visible in the retina in the lower part of the fundus. Its surface could be seen with a +8, and the surrounding fundus with a +3 lens. The fundus around the foreign body shewed yellow patches with pigment spots. The rest of the fundus was normal.

On attempting to extract the foreign body with the big electro-magnet, the patient did not complain of pain. The foreign body did not move at all, and for two days unsuccessful attempts were made at its removal.

On making a similar attempt on the third day, however, the ophthalmoscopic picture was substantially altered. At the former site of the foreign body there was now only a fine hazy spot of exudate, the foreign body was now further forward in the eye, and could be seen to move in response to the magnet to nasal and temporal sides in turn.

Two further days were spent in attempts at extraction by the electro-magnet, but without success. Finally, an incision was made a little below the limbus, through the conjunctiva and sclera, and the point of the magnet introduced into the eye. The foreign body immediately sprang to the magnet, and was withdrawn without loss of vitreous.

It proved to be a flat particle of iron, 1 mm. long and some $\frac{1}{2}$ mm. broad, and weighed half a decigramme. At 10 cm. distance from the magnet it moved only very slightly; at 8 cm. distance it followed the movements of the magnet; from 2 cms. it sprang to the magnet.

The patient was discharged on the 14th day after admission. The wound had healed completely. The condition of the retina at the spot where the foreign body was embedded was unaltered; the rest of the fundus and vitreous were normal. Vision was 6/12ths, and with a +1 lens, 6/9ths.

There are several features of interest in the case. The absence of all painful reaction is one. Secondly, one should not conclude that a foreign body half embedded in the retina is *not* iron because it refuses to move towards an electro-magnet. The exact position of the foreign body should be located by examination with the ophthalmoscope or by scleral lamp examination. If this is impossible, on account of opacity of the lens or through hæmorrhage or swelling, an X-ray photograph should be taken. Such a case had occurred in the clinic, where, owing to hæmorrhage in the vitreous, the foreign body could not be located, but was shewn by X-rays, and was extracted after two or three days, when the hæmorrhage had subsided. Vision in this instance, after removal of the foreign body, despite the hæmorrhage and swelling, was 6/6ths a few days later.