patient, if it be not changed. If I come to a patient and find that patient upon a diet which suits him, although it might be one which I should not myself have originally selected, I should not change it if the patient were doing well.

In regard to the other question—namely, at what period of convalescence it may be safe to pass from the diet of fever to a more ordinary diet, I believe the best rule is that which is laid down by most authorities in the present day, and which I always practise—namely, to make no change whatever in the food until the temperature has never risen above the normal for ten days. I have never seen any harm done by keeping a patient a few days longer on the ordinary liquid diet, especially if its quantity has been increased, and if it is not necessary why should any risk be run at all, especially when it is remembered how serious a relapse may be? During the first day or two the risk of a relapse being produced by a change of diet is considerable, and it becomes less and less with every day of the post-febrile stage; it is less at the eighth day, and still less at the tenth.

As a rule I think it may be safely said that if the patient passes the tenth day the risk of relapse is extremely small. This, however, is only a general rule, and there are exceptions to it; thus I have lately seen a case in which the relapse occurred on the fifteenth day.

I do not think this question should be treated as an open one, as if it had not been seriously considered hitherto, for the current opinion is really the outcome of a multitude of observations conducted without bias over a series of years, and all the more trustworthy because no attempt is made to prove it by figures. So far as my own personal experience is concerned, I am led to endorse the current opinion with emphasis. I cannot but believe that if change of diet from liquid to solid food in the early days of convalescence, and still more before the fever has ended and convalescence commenced, become the routine practice, some of the individuals upon whom the experiment is tried will suffer, while in the end the conclusion will be that the current opinion is correct.

GRASS SPIKELET IN THE CONJUNCTIVAL SAC OF A CHILD: SUPPURATION OF THE CORNEA: COLLAPSE OF THE EYEBALL.

By H. PERCY DUNN, F.R.C.S.,
Assistant Ophthalmic Surgeon, West London Hospital.

THE following case is remarkable, partly on account of its rarity, and partly because of the sad result.

A child, aged 3, was brought by her mother to my outpatient room early in January with the following history. Four weeks previously its right eye began to become inflamed. At about that time the child had had a fall, striking the side of its head forcibly on the floor, but it was not thought that the fall had had anything to do with the condition of the eye. The eye was bathed from time to time with warm water, but gradually became worse. Ultimately some lotion was obtained from a chemist, and with this attempts were made to wash the eye. By this time, however, the patient had begun to resent all interference. Whenever any preparations were made to apply the lotion the child commenced to scream, and, in short, resisted so forcibly that the parents ceased for some days to disturb it by attempting this measure. A medical man was next consulted, and on his advice the child was brought to the West London Hospital.

When I saw her there was much oedema of both lids, and a muco-purulent discharge freely oozing from the inner canthus. An attempt was at once made to examine the eye, but this was productive of violent screaming, so that it was necessary to administer chloroform. Preparatory to examining the eye under the anæsthetic the parts were thoroughly cleansed with a 1 in 1,000 solution of chinisol. After the lids had been retracted, and the eyeball exposed, it was seen that the cornea had sloughed, and that the globe was partially collapsed. While, however, the chinisol solution was being used to wash out the sac, a linear body about $\frac{3}{4}$ inch in length came into view, lying over the front of the remains of the cornea. It was thickly covered with pus, and at first it was taken to be a brush bristle to which some thickened pus had

adhered. I passed the foreign body over to Mr. M'Dougall, one of the members of the post-graduate class, and after careful washing he discovered that it was a grass spikelet, the full size and appearance of which are depicted in the accompanying figure.

On inquiry from the mother it was not possible to obtain any history showing how the piece of grass could have gained entrance to the child's eye. Judging, however, from the facts that the cornea had sloughed, and that the globe was partially collapsed, there is every reason to suppose that the foreign body had been present for some time acting as an acute source of irritation in the conjunctival sac. The case also possesses additional interest, inasmuch as experience teaches that foreign bodies upon the surface or within the eyes of children are rare. For example, I have never had to remove a foreign body from the cornea of a child, such as might have been forcibly blown there by a high wind. Again while particles of dust are commonly enough seen under the lids of adults, I cannot recall any instance in which I have been called upon to evert the upper lid of a child for the purpose of removing any such foreign substance. The significance of the rarity of these cases in children is self-evident. Moreover, an adult usually volunteers a statement that "something has gone into the eye," whereas, under similar circumstances, such a hint as to the condition of affairs could scarcely be forthcoming from a child. In the case above narrated, although the foreign body must from the commencement have been the cause of the whole trouble, its presence appears never to have been suspected. The inflammation, of which it was the source, was attributed to other causes, and even an ophthalmic surgeon might easily have been deceived at the beginning of the case, unless while examining the eye very carefully some portion of the foreign body had come into view.

From an examination of the literature of this subject I cannot find any record of a case similar to that narrated above.

In conclusion, I may add that in this case I used the new antiseptic, chinisol; for some time now I have discarded all other antiseptics in my work. Chinisol has many advantages over the various other antiseptic drugs: it is non-toxic, non-caustic, and does not coagulate albumen. These are valuable qualities which have commended it to surgeons. But, among other things, it possesses the advantage of not causing any ill-effects to the skin—for example, of the hands when used in strong solutions. It is, of course, impossible to employ a 1 in 1,000 solution of carbolic acid without the skin being much damaged; whereas a 1 in 1,000 solution of chinisol, while acting as a powerful and perfect germicide, has no deleterious effect whatever upon the skin. Chinisol is now, I believe, coming into much use in general surgery and gynecological practice; hence I have thought it of interest to give the new antiseptic a trial in ophthalmic work, and so far my experience of it is very satisfactory.

THE INTERNATIONAL MEDICAL CONGRESS.—Professor W. K. Roth, General Secretary of the Twelfth International Congress to be held at Moscow this year, requests us to state that the titles of all communications intended to be presented at the Congress, together with a summary of the conclusions, must be sent to the Executive Committee not later than June 1st, 1897.

At the meeting of the subscribers to the Liverpool Northern Hospital, held on January 20th, the Secretary stated that Mr. Levy, the Chairman of the David Lewis Trust, had decided to give another £20,000 towards the rebuilding of the hospital, thus raising this generous gift to £80,000.

AN IMPROVED TUBERCULIN.—The *Médecine Moderne* states that news has reached the Pasteur Institute in Paris to the effect that Professor Koeh, before his departure for the Cape, left in the hands of one of his assistants the formula of an improved tuberculin. The new preparation is said to be in course of manufacture in Professor Behring's establishment for the supply of therapeutic serums.