and inguinal field block for control of pain after herniorrhaphy. Ann R Coll Surg Engl 1992;74:85–8.
3. Watson DM. Topical amethocaine in strabismus surgery. Anaesthesia 1991;46:368–70.
4. Diamond GR. Topical anaesthesia for strabismus surgery. J Paediatr Ophthalmol Strabismus 1989;26:86–90.
5. Revill SI, Robinson JO, Rosen M, Hogg MIJ. The reliability of a linear analogue for evaluating pain. Anaesthesia 1976;31: 1191–8.
6. Miller DK, Homan SM. Graphical aid for determining power of clinical trials involving two groups. BMJ 1988;297:672–6.
7. Ohnhaus EE, Adler EE. Methodological problems in the measurement of pain: a comparison between the verbal rating scale and the visual analogue scale. Pain 1975;1:379–84.
8. Mein CE, Woodcock MG. Local anaesthesia for vitreoretinal surgery. Retina 1990;10:47–9.
9. Wald KJ, Weiter JJ. Modified technique of blunt cannula retrobulbar anaesthesia for vitreoretinal surgery. Ophthalmic Surg 1993;24:336–8.
10. Stevens JD, Franks WA, Orr G, Leaver PK, Cooling RJ. Four-quadrant local anaesthesia technique for vitreoretinal surgery. Eye 1992;6:583–6.

Sir,

**Detection of an Orbital Foreign Body by a Skull Radiograph prior to Magnetic Resonance Imaging**

A 71-year-old man with prostatic carcinoma and vertebral metastases was admitted to our unit with spastic paraparesis for urgent magnetic resonance imaging (MRI) of the spine. Whilst working in a foundry in 1942 a foreign metallic body entered his eye; the patient claimed that this had subsequently been removed in an ophthalmic casualty department and his eye was asymptomatic with no visual impairment. To be on the safe side we arranged a skull radiograph prior to his scheduled MRI scan; to our surprise this demonstrated the presence of a metallic object in the orbit (Fig. 1).

MRI relies on the use of extremely powerful magnets to generate changes in the resonant frequency of atoms; these can then be detected by radio-frequency receivers and used to generate a sectional map of the tissues within the magnetic field. A metallic intraocular foreign body would undergo movement in such a field. The scan was therefore promptly cancelled to protect his eyeball from a potentially blinding perforating injury.

This case demonstrates the importance of taking a clear ophthalmic history regarding previous ocular exposure to foreign metallic objects prior to MRI; it also underlines the importance of arranging orbital radiographs where any suspicion of the presence of an inert intraocular foreign body arises.

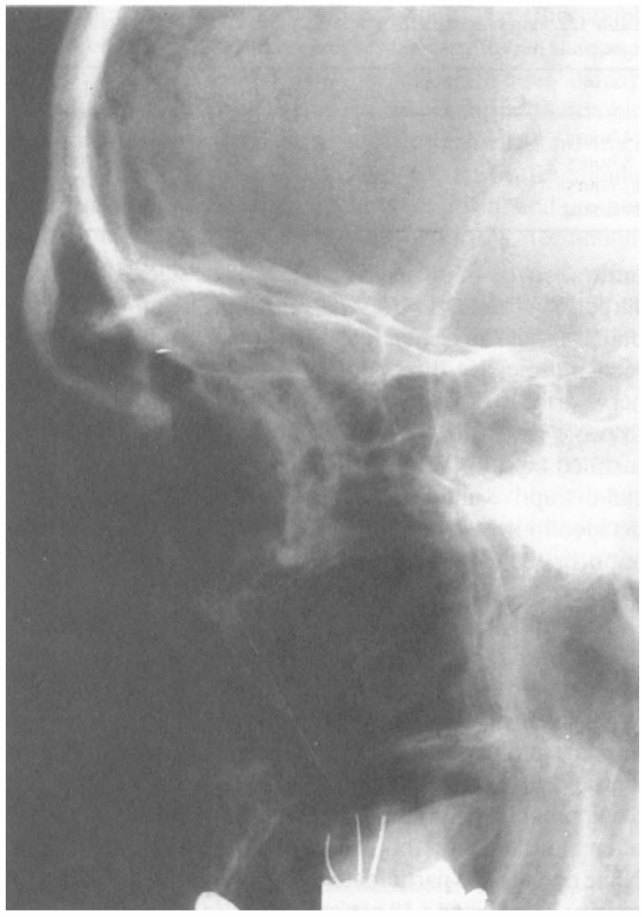

**Fig. 1.** *Skull radiograph showing the metallic foreign body in the orbit.*

Manoj Kulshrestha
Paul O. Byrne

Midland Centre for Neurosurgery/Neurology
Holly Lane
Smethwick
West Midlands B67 7JX
UK