recurrent, as they frequently are, the condition clearing up under treatment, and recurring in a week or ten days. Pressure over the lacrymal sac, which is the simplest of procedures, will clear up the diagnosis almost to a certainty; should pus or muco-pus regurgitate through the puncta, the expression treatment should be at once instituted. This is easily carried out by a careful nurse or mother; the sac is evacuated five or six times a day, and a few drops of zinc chloride lotion applied to the eye by means of a dropper. In one case I found, in addition to the above, a few drops of 1 per cent. protargol twice a day help very markedly when the secretion was inclined to be purulent; this can be discarded as soon as the secretion becomes more mucoid. The parents can be assured that the case will gradually clear up, and they will not be slow to appreciate the fact that their offspring will get well without the use of chloroform and the knife.

It might not be inappropriate to say, before giving my cases in brief, that there is in the minds of some medical men, who are in general practice and therefore have not always opportunities of extensive study of eye disease, a little confusion as to pathological conditions which the terms "dacryocystitis" and "blepharitis of the lacrymal sac" represent. Briefly, blepharitis of the lacrymal sac is a catarrhal condition of the mucous membrane of the sac; this may vary from mucoid to purulent. If, however, through the action of pyogenic micro-organisms or their toxins, the epithelium lining the sac becomes destroyed at any point, invasion of the surrounding tissues results in the formation of a phlegmon or abscess, and this is dacryocystitis. Dacryocystitis may result from bone disease in the neighbourhood apart from blepharitis of the sac; blepharitis, however, is the common cause of dacryocystitis.

CASE I.—Margaret —, aged about 3 weeks, the daughter of a medical man, had had several attacks of muco-purulent catarrh, with the usual watery eye, even in the interval of freedom from conjunctivitis; repeated expression failed to elicit any discharge from the puncta; still, however, the expression was intermittently practised—that is to say, when the attacks of conjunctivitis occurred. Zinc chloride and boric lotions were used for several months, and silver nitrate gr. ij ad ʒj painted on the everted conjunctiva when thought necessary. When the child was about 5 months old all symptoms disappeared; she is now 18 months old, and presents no symptoms of former trouble.

CASE II.—George —, the son of another medical colleague, was about 10 days old, and was a typical case, much muco-purulent discharge being readily expressed from the puncta; frequent expression was instituted, the mother taking upon herself the duty, and so well was the procedure carried out that the baby never developed any conjunctivitis; zinc chloride drops were used after the expression and protargol 1 per cent. only when there was any sign of purulent matter in the discharge. This child was quite well at the age of 16 months, the obstruction disappearing along with the cessation of matter on expression of the sac.

The first case was a mild one, but was nevertheless a true case. Singularly enough the baby's brother had the same condition at birth; this child had no pus from the puncta, but had obvious signs (wateriness) of obstruction to the flow of tears; happening to be taken for a holiday to the south, he suddenly developed a marked and typical blepharitis, so much so that the surgeon to whom he was taken recommended and performed the slitting-up of the canaliculus and passing the probe.

A HOSPITAL, including a dispensary and laboratory, has recently been opened in New York under the auspices of the Neurological Institute. Among the trustees of the institute are a number of prominent citizens, and on its medical staff are Dr. Joseph Collins, Dr. Joseph Fraenkel, Dr. Pearce Bailey, and Dr. Smith Ely Jelliffe. The building, according to the *Medical Record*, is fully equipped with appliances for the use of hydrotherapeutic, electrical, and other special forms of treatment. In the prospectus is the following passage, to which we invite special attention: "Physicians are invited to send patients suffering from nervous, mental, and allied diseases to the dispensary for diagnosis and for treatment, or for admission to the wards. Patients bringing letters from their physicians requesting diagnosis or suggestions in regard to treatment will be referred to their physicians." Within the scope of the work of the hospital are included formal courses of instruction in neurology.

A CASE OF PERFORATING WOUND OF THE EYE: OPERATION: RECOVERY.

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THE history of the case about to be described is a remarkable instance of the recovery, with good vision, of a severely injured eyeball. I am often called upon to deal with gravely wounded eyes, and my experience has been that they are nearly always lost. Within a few hours of the accident inflammation sets in, sometimes purulent, but more often not; the vitreous soon becomes crowded with opacities; sight is destroyed; there is frequently great pain, and the usual termination is enucleation. Wounds involving the ciliary region or accompanied by great loss of vitreous are especially dangerous. The history of the case under notice is as follows:

On August 20th last, at about 6 p.m., I received a telegram from Dr. Temperley Gray of Lenham, requesting my assistance at the scene of a motor accident at Harrietsham. I arrived there about 7.30. The patient, a lady, was suffering from a perforating wound of the right eye, caused by a splinter of glass from the broken window of her landaulette, which had collided with another motor. She had been taken after the accident into a cottage. The wound in the eye began below and somewhat to the outer side of the cornea, proceeding tangentially to it across the eyeball in a slightly upward direction as far as the inner corneal margin; at this point it turned downwards and inwards, at an angle of about 145 degrees, across the ciliary region, to terminate in the neighbourhood of the lacrymal caruncle. The total length was about half an inch. The iris had prolapsed throughout the whole of the subcorneal incision, but from the point where the wound changed its direction perforation of the globe was incomplete, only the sclerotic and choroid coats having been divided, so that no prolapse of the ciliary body or loss of vitreous had occurred; moreover, the lens appeared to be intact.

In addition to the ocular injury there was also an incised wound in the right lower lid, about ½ in. long, running parallel to the margin; the upper lid was obliquely divided just external to the upper punctum lacrimale; there was a linear abrasion on the bridge of the nose, and a small jagged laceration of the left temple. Careful search revealed no fragment of glass, either in the various wounds or in the conjunctival sac.

From the nature of the injury, it appeared that any attempt to save the eye would probably end in failure, but I tried to do the best I could under the circumstances. The first and most important step was to excise the prolapsed iris. This had to be done under conditions which did not favour an operation of such a delicate nature, but was fortunately successfully performed. The eye was then temporarily bandaged, and the patient transported to hospital, where she arrived at 10 p.m., being taken at once into the operating theatre. Sutures were placed in the wounds in lids and temple, and a conjunctival flap was dissected up and placed over that extending over the ciliary region. Both eyes were then bandaged, atropine having first been dropped into the injured eye.

The first night was passed without pain, and the patient slept well. On the fourth day after operation, as pain was complained of, the eye was inspected and found to be going on perfectly well; probably one of the conjunctival stitches had cut out and was irritating the eye. This was the only incident calling for notice, recovery being absolutely uneventful and unaccompanied by inflammation. The patient was allowed up thirteen days after the accident (September 2nd); a week later dark glasses were substituted for the dressings, and she was discharged on September 13th, after twenty-three days in hospital, with a perfectly healed eye, possessing practically normal vision.

Several factors contributed towards the successful result. In the first place, the injury, although extremely severe, had most fortunately left lens, ciliary body, and vitreous intact. Again, the fact that the patient was brought under treatment and an operation performed within two hours of the accident was of the utmost importance. I think, too, that the placing of a conjunctival flap over the inner end of the wound materially aided the healing process and ought never to be omitted in such cases.

Two more points should be mentioned. First, the behaviour of the patient, which was admirable both during the operations and throughout the whole period of after-treatment; had she been at all restless inflammation would probably have ensued, resulting in the loss of the eye. And secondly, the great pains and care taken by the nurse undoubtedly assisted towards the happy termination.