

Before detailing the case, it will be well to quote the remarks of Mr. Streetfield in explanation of his operation :

"*Basis of the new operation.*—Considering the nature of cases of entropion and trichiasis as far as they are associated, and the incomplete success of the present surgical treatment, I have adopted a new operation of which I can say that, excepting some cases for which it is not adapted, and which may be identified, its success has already been marked. I anticipated for it some advantages, chiefly as I have observed after deep wounds of the scalp, *with loss of substance*, when the occipito-frontalis has become adherent to the pericranium, that a *firm and depressed* cicatrix is formed, which limits the action of the free portion of the muscle to the boundary of the scar, and that the growth of the hair, at this part, is directed *towards* it.

"*Method of operating.*—The operation has been performed thus : The lid is held with Desmarre's forceps, the flat blade passed under the lid, and the ring fixed upon the skin so as to make it tense and expose the edge of the lid. An incision with the scalpel is made of the desired length, just through the skin, along the palpebral margin, at the distance of a line or less, so as to expose but not to divide the roots of the lashes ; and then just beyond them the incision is continued down to the cartilage (the extremities of this wound are inclined towards the edge of the lid) : a second incision farther from the palpebral margin is made at once down to the cartilage, in a similar direction as the first, and at a distance of a line or more, and joining it at both extremities ; these two incisions are then continued deeply into the cartilage in an oblique direction towards each other. With a pair of forceps the strip to be excised is seized and detached with the scalpel."

When this portion of skin and subjacent fibro-cartilage are removed, the wound assumes a gaping appearance, and, contrary to what might be supposed, the edges of the wound *must not be brought together, but be allowed to separate as far as possible from one another, and to heal by cicatrization*, for on this depends the success of the operation.

*Case.*—A French Canadian girl, aged 18, was placed under my care for a severe form of entropion of both eyes. The lids were so much inverted and curled up that it was not without difficulty that I could obtain a view of the eye balls which presented the appearance usually noticed in such cases, and not being able to open her eyes, she had to be led about by her friends, and was regarded by them as incurably blind. The case appeared a good one for the trial of Mr. Streetfield's operation, and I proceeded to perform it on the right eye first. I found it easy of execution. The eye-lid was fixed by a Desmarre's forceps of larger size than the one in ordinary use, and the incisions were made with a small French scalpel such as I use in plastic operations about the face. In one week this girl could see with comfort, the opacity of the cornea gradually cleared away, and she was so much pleased with her improved condition, that she requested that there should be no delay in resorting to the operation on the left eye, which was accordingly performed three weeks after that upon the right. A similar result followed, with this exception, that though her attention was directed to keep the edges of the wound apart,