a vesiculated appearance although as large or even more prominent than before. The vision however had not become impaired. The pupil was very much altered in shape being much longer in its vertical than its longitudinal diameter. The caustic solution and compress having signally failed after a fair trial, I desired to adopt the plan recommended by Mr. Bowman, and which has been so successful in his hands, namely, puncturing the prolapse with a fine needle. This I did with an ordinary sewing needle, introducing it far enough to enter the anterior chamber and evacuate a small portion of the aqueous, with a view to relieving the pressure from behind. This proceeding I repeated every third day with a marked improvement each time, and was gratified at the end of ten days to find the prolapse entirely gone and the parts closely and apparently firmly united.

These cases, Gentlemen, may appear, and I have no doubt are to many of you commonplace enough in character, and you wonder, I dare say, why I have taken so much trouble to lay them before you, but to me two of them, at least, have taught most valuable lessons.

Had I to deal with case 1 again, I believe I should adopt a somewhat different course. I would not fail for instance to close the wound in the sclerotic with a suture, as I originally intended. I have been much struck in looking up the literature of the subject with a case similar in almost every particular with my own—reported by Mr. Lawson in his very excellent little work "On the Diseases and Injuries of the Eye." He says the man came under his care a few hours after he had met with the following accident. Whilst engaged breaking stones. a fragment flew up, and struck him on the left eye. causing a jagged wound in the sclerotic in the lower part of the eye, at a distance from the cornea. There had been evidently an escape of a small quantity of vitreous. The wound was gaping, and its lower edge was prominent and stood away from the upper margin which was somewhat depresssed.