

the constriction in several directions. After the division no attempt must be made to dilate passage. The elastic and muscular fibres which exist under the mucous membrane cause the incisions thus made to gape; and if the case be left to nature, a new, soft, inelastic tissue fills up the spaces between the edges of the incisions, and thus the canal is widened. But if probes are passed after the stricture is cut, irritation is set up, leading to suppuration and excessive formation of connective tissue; as a consequence of which, cicatrical contraction ensues with narrowing of the passage.

In performing the operation, the knife is introduced through the puncta and canaliculi into the sac, and then passed down to the stricture, which is divided; the knife is then withdrawn and reintroduced with the edge differently directed, and this repeated several times till the knife can be readily rotated when in the stricture part.

In nine cases in which he had recourse to this procedure, Dr Stilling was pleased with the results obtained.—*Zehnder's Monatsblatter für Augenheilk.*, 1868, p. 58.

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#### DR WARLOMONT ON THE TREATMENT OF STRICTURE OF THE LACHRYMAL CANAL BY DIVISION.

The method of treatment employed is that of Dr. Stilling. He confirms Dr. Stilling's views, and has found it unnecessary to have recourse to dilatation after division of the stricture. The operation itself is seldom followed by any other sequelæ than a slight ecchymosis of the lower lid. Eight cases are narrated, in all of which the treatment appears to have proved most successful. In addition, Dr. Warlomont states that he has had above twenty other cases in private practice, in which similar results were obtained. He has hopes that the cure will prove radical. In none of the cases has he as yet observed a relapse. In cases where the membrane of the canal is affected with chronic inflammation, attended with mucopurulent secretion ( " *Blennorrhæa* " ), Dr. Warlomont recommends, in addition to the division of the stricture, the employment of injections of chloride of zinc ( gr. j. ad  $\frac{3}{4}$  v. vel vj. ) three times a day. For injection he employs the instrument constructed by M. Libbrecht. If this treatment is adopted in these cases, the mucopurulent secretion usually ceases in five or six days.—*Annales d'Oculistique*, tome lx. p. 117.