some slight increase in weight. He has been treated for the consolidation of right apex, with fly blisters and restorative medicines. Has been out every day and complains of little but weakness and dyspnœa on exertion.

In this case the question is whether the dexio-cardia is congenital, or the result of disease in the right lung during the past five years, for there is no evidence now or formerly of disease of the left lung. Could it have been caused by atrophy and contraction of the lung and pleurae, dragging the heart by adhesions over from its normal position and tethering it down where it is? Such a condition has been suggested in other cases and is mentioned in the *Lancet* of Feb. 21st, 1891, page 434, in reporting the transactions of the London Medical Society. Two cases are spoken of, much like the one described above, and the gentlemen were unable to decide whether the condition was congenital or caused as suggested.

The further history of this case will be interesting if followed up.

CASE OF ENTROPION AND TRICHIASIS; OPERATION AND CURE.

By N. E. McKAY, M. R. C. S.,
Surgeon V. G. H., Halifax.

M. C., aged 20, married, was admitted into the V G. H. on the 10th day of June, '90, suffering from *Organic Entropion and Trichiasis.*

Family History.—Good.

History of Present Illness.—Five or six years ago patient says she caught cold in her eyes; they both became inflamed and her sight became gradually impaired, and during the following year or two she had several attacks of dimness of vision with more or less pain in her eyes. Some time after this the sight improved somewhat. Two years ago the sight of the right eye became so dim that she could not see any object with distinctness. A year ago the left eye became similarly affected, but its vision was never so much impaired as that of the right. Patient suffered greatly from intolerance of light and lachrymation for the last twelve months.

Present Condition.—Patient's general health is fairly good. Examination: the free borders of lids, upper and lower of right and upper and lower of left, are indurated, contracted and inverted, and the whole row of eyelashes are turned in and resting against the cornea. The lashes are sparse, irregular and stunted. The palpebral aperture of both eyes is considerably shortened and the eyes look small and shrunken. Both corneae are very opaque and vascular. Vision is greatly impaired. Patient suffers intensely from photophobia and lachrymation. The lower lid of left eye is unaffected.

Treatment.—On the 28th June I performed canthoplasty and Artt's operation on both eyes. The patient being aetherized and her eyes washed thoroughly with weak boric acid lotion. I divided the outer canthus by scissors down to the rim of the orbit, and then brought the contiguous ocular conjunctivae in contact with the cut edges of the skin, and held it there by fine silk sutures, a suture being put in the angle of the wound, and one above and one below.

I then performed Artt's operation in the the following way:

Having gently applied Snellin's clamp to the upper lid, and held the lid firm and tense with my left hand, while an assistant steadied the clamp, I made a free incision with a cataract knife from end to end of the free border of the lid between the hair follicles and meibomian ducts, beginning just beyond the puncture to the depths of two lines—split the lid into two layers as it were. I then made a second incision on a plane at right angles to the first, on the outer aspect of lid, parallel to and about two lines above the free border of the lid. This incision passed at each extremity, a little beyond the first incision, and it extended down to but not through the tarsal cartilage. A third semicircular incision was made from one end of the wound to the other in an upward direction and including a semilunar flap of skin of sufficient width to produce the effect desired. This flap was then carefully dissected off, care being used not to injure the orbicularis, and the edges of the wound were brought together with fine silk sutures. The anterior layer of the lid border which contained the lashes was thus tilted forward and drawn upward, and the eye lashes lifted off the cornea and made to assume their normal position. To remove all sources of irritation, *pro tem*, from the cornea I pulled out all the lashes of lower lid, right eye. Both eyes being thoroughly washed with tepid water I dusted the wounds with iodoform and applied over them a narrow strip of oiled silk and a pad of absorbent cotton wool. This dressing was changed once or