ease and in a general way h s nothing to complain of or wish for; whereas, before the operation, it was a laborious task for her to travel about in places where she was unacquainted. There are but few cases of traumatic or chronic entropion that cannot be cured by an operation. Should there be strong pressure on the eye-ball by shortening of the lid from canthus to canthus, it may be necessary first to cut through the lid at the external and internal angle of the eye, and then operate as just described; as soon as the wound is drawn together the cuts previously made through the lid will separate, and thus the lid will be once more set at liberty. The operator should be careful not to cut away too much, and not too near the cartilage. Should he cut away too much he produces deformity in the shape of an unseemly ectropion, and should he cut too near the margin of the lid the cartilage stands in the way of the needle in closing the wound. The success of the operation must depend on the causes of the disease. If the causes are traumatic, the operation skilfully performed will succeed. If chronic and from inflammatory causes, or from bad treatment of catarrhal ophthalmia or granular lids, the operator will have to remove more surface to counteract the influence of the contracted and indurated membrane beneath. If entropion arise from spasm of the lid, then the case is not one in which an operation is indicated. If from a long and severe illness, the patient is suffering from this malady because of absorption of fatty matter in the back part of the orbit, the indications are hematics and nitrogenous compounds. If from old age, little can be done to relieve the sufferer.

BULLET WOUND OF THE FACE; ANTISEPTIC SURGERY.

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A case of bullet wound which occurred recently in my private practice, possesses some points of note which I think will make it interesting to your readers.

C. P., a lad of about 11 years, while yet in bed in the morning, was accidentally shot by his brother with a small revolver. I was called to see him about 8 o'clock, and saw him not long after the wound was received. I found that the ball had entered the face immediately to the right of the nose, midway between the inner angle of the eye and the nostril. A puffy ridge across the face, towards the right angle of the lower jaw, over the upper jaw, but not over the lower, marked the course of the ball. A sister of the patient had informed me that she could feel the ball, and pointed out a spot immediately posterior to the angle of the bone. Upon examination, I had no difficulty in distinguishing its position. There was some tenderness at the spot. I ordered warm fomentations and informed the family I would shortly return with an assistant to administer chloroform, while I would cut down and extract the ball. It was about an hour and a-half before I could return to my patient, when I found that considerable swelling had taken place where the ball was situated, so that it could not be distinctly felt. Having no doubt as to the exact location of the ball, I did not hesitate to proceed with the operation. Dr. Fulton who had kindly consented to administer chloroform, like myself failed to distinguish the body. The patient took the chloroform badly, and repeatedly vomited. Having cut through the skin, I made my way through the cellular tissue toward the situation of the ball, with a director. The swelling meanwhile had increased. Reaching the angle of the bone, and not feeling the ball, I passed my right forefinger into the mouth and along the inner surface of the lower jaw to the point of the incision. With my other forefinger in the wound I at once felt the bullet, between my two fingers. I was on the point of dividing some tissue yet covering the ball, when the patient began again to vomit, and continued straining for some time. I fully expected to have the ball in my hand in a moment more; but upon examining the part no ball could be felt. I explored with the greatest care through the incision and by the mouth, but could not find the ball. It had completely eluded me. Dr. Fulton likewise searched for it, and was equally unsuccessful. I continued the search for a time without incision and then had, much to my disgust, to give it up. Dr. Fulton had not at any time felt the ball, and I was not surprised that he felt some doubt as to my own sense of touch. Being certain that I had held it between my fingers, I thought perhaps it had fallen from the wound while the patient was strain-