

immunity, so far as infection from the tear sac and nasal passages is concerned.

In the words of descriptive anatomy "the canaliculi are dense and elastic in structure," hence they can be perfectly occluded by a fine ligature for some days at least without impairing their continuity. After removal of the ligatures, in one instance at the end of two weeks, there was no difficulty in passing a small probe through into the sac; in the other two cases the canals were opened after ten and seven days respectively. No doubt the ligature does cause a little swelling and reaction immediately around it for a few days, thus rather increasing the desired effect and securing perfect occlusion for the all important first few days.

Thus far I have used No. 2 iron-dyed silk with a fine curved needle, passing it around the canals just a little to the inner side of the punctura and tying about as firmly as the No. 2 silk will bear; a stronger silk might perhaps be made to cut through, but this I think cannot be made to have this undesirable effect, though it seems to serve the intended purpose perfectly.

It is of course proper to wash out the tear sac, and thoroughly cleanse the parts before applying the ligature. So far I have done this immediately before removing the cataract, but there might be cases in which it would be well to ligate a few days before, and treat the conjunctiva if inflamed, for some time prior to operation. As compared with treatment intended to cure chronic inflammation of the tear sac preparatory to operating for cataract, it will I think be conceded that ligation of the canaliculi is infinitely superior as a prophylactic measure; furthermore it is almost painless, easy and simple of performance, and not followed by the slightest inconvenience or annoyance to the patient. The secretions pent up in the tear sac do not perceptibly increase, and cause no inconvenience. There is, moreover, no loss of time, for the reason that the cataract can be removed either immediately or at most after a few days delay. This is an important consideration for persons living at a distance and perhaps unable to remain for any considerable length of time away from home.

But there is still a larger class of cases in which ligation should, and I have no doubt will, prove to be of great value—I refer now to all those numerous cases of corneal ulcers infected by secretions from the tear passages—everyone knows how disastrous they are apt to be and how impossible it has heretofore been to prevent reinfection of the ulcer from day to day. For this very reason an infinite number of eyes have perished in spite of all the most approved methods of treatment. Temporary ligation at once fulfils the most urgent indication and