

tin can opener into his right eye, causing a punctured and incised wound of the cornea, extending from its centre obliquely down and out, dividing the iris from its pupillary border to its periphery, extending into the sclerotic three millimetres, and quite through the ciliary zone. The anterior chamber had collapsed with escape of its aqueous, and there was also a slight loss of vitreous.

The wound, though so extensive, was a clean and smooth incision, with little displacement of the parts implicated.

Cold was at once applied by means of pieces of lint made cold by placing them on a block of ice, and which were frequently changed. The eye was bathed every hour by a cold lotion of boracic acid.

Neither a mydriatic to dilate, or a myotic to contract the pupil was used, as the iris was incised from its pupillary border to its periphery, into the uveal tract dividing its circular contracting fibres. The iris did not prolapse nor engage in the corneal wound. Sutures were thought of to unite the edges of conjunctiva and sclerotic respectively. But this could not readily be accomplished in one so young without the administration of a general anæsthetic, which had its counter-balancing disadvantages through disturbance of the favourably-disposed positions of the various structures about the wound by probable vomiting. For these reasons, and the additional one of irritation or inflammation by the sutures, they were not inserted.

The next day the same favourable condition of the wound existed, but the lens, as was thought probable on first examination, was shown to be wounded by becoming opaque white at a point which, in a few hours, spread over its entire extent; thus, by its swelling, adding another complication to the already serious condition of the injury. No iritis followed, or other inflammation, and healing and contraction of the wound progressed favourably for a couple of weeks till it was firmly closed.

Shortly before this, atropine drops were instilled, so as to favour as good a pupil as possible, with partially good results. There is little scarring or disfigurement of the front of the eye at present. The iris looks of a darker blue than the left; the pupil is small and irregular, and quite black, shewing that absorption of the lens has taken place. Vision equals movement of hand, no pain or discomfort is felt in it, while the second eye shows

no signs of deterioration, and is normal after the lapse of seven months.

CASE III.—J. C., quarryman, was struck in the left eye, the day before coming to me, by a small chip of stone from a sledge, making a horizontal incision in the cornea just below the margin of the pupil, about one-eighth of an inch in extent, opening the capsule and wounding the lens, which was opaque and swollen, protruding through the capsule pressing upon the iris, thereby endangering it.

The pupil was at once dilated by a disc of homat and cocaine, $\frac{2}{100}$ of a grain of each, and the protruding portion of the lens broken down and made less prominent by needling through the wound.

The pupil was kept dilated for a couple of weeks till absorption of the lens was apparent, and all irritation had subsided.

He was examined six months later when the lens was wholly absorbed, leaving a black regular pupil, while the corneal leucoma was slight. The disfigurement is scarcely perceptible, while his field of vision on this side for large objects is of much service to him.

CASE IV.—Punctured wound of front of the globe. Mary A., aged three years, kindly sent to me by Dr. Groves, on account of wound of the globe by the point of a pair of scissors two weeks before. The condition was one of acute inflammation of most of the structures (*Pan-ophthalmitis*). All hopes of vision being gone, it was thought advisable to enucleate the eye, which was done in the usual manner, with a speedy and uninterrupted recovery. The other eye was, six months after the injury, normal.

As you are aware, we have in these cases not only present seen dangers to overcome, but future occult ones, which are harder matters to fight. We are all aware of these, but the best way of avoiding or overcoming them is not so clear to us. Yet by considering the subject and discussing it, we will obtain the experience of those who have had considerable practice in such, and through them the wisdom of those who have had infinitely more.

And though our contributions may carry us somewhat nearer the desired goal, and teach us better how and when to act, and where to withhold