

parallel with the free border of the lid, the other three or four lines from its centre, and arched nearly like the eyebrow—the enclosed flap is dissected off, without interfering with the subjacent muscle, and commencing at the inner angle. The edges are then brought together by 3 or 4 sutures.” In extirpation of the cilia, he has lately practised the following operation, which, by saving the skin and preserving the natural appearance of the edge of the lid, is an improvement on the usual mode. Three incisions are made, one at each corner, and one close along the margin of the lid. The flap of skin is then raised and held back, the cilia dissected off, and a few sutures applied. No lashes need be left behind, if great caution be observed, the tenaculum forceps used, and sponge nicely applied by an assistant, so that the operator may clearly see the several steps of his course. In his operation for entropion, he makes incisions like these in trichiasis; but, in removing the included flap, is specially careful that it shall comprehend the muscle, the success of the operation depending upon its thorough ablation. No ligature ever been needed, for an arterial jet has been checked by temporary pressure. Sutures as in trichiasis. It is seldom that any trace of the operation is seen after the interval of a few months, sometimes weeks. He has operated in about 50 cases, and in none has bad symptoms supervened.

In cutting for squint, his success has depended in cases where there has been conjunctivitis, upon thorough division of the scaly conjunctival cellular tissue, which normally is very thin, but then is much thickened, and is frequently divided under the idea that it is muscle or tendon—a mistake which may be avoided by never raising the hook until the tendon-like surface of the sclerotic is seen. He makes an artificial pupil in closure of this aperture from inflammation, &c., with a clear cornea, in this way:—The lower lid being in charge of an assistant, he raises the upper, with the same fingers steadies the globe. He divides the cornea at its outer part with an iris knife, which he carries across the anterior chamber and penetrates the centre of the iris, thrusting the blade up to the shoulder. The aperture thus made is about the third of the diameter of the iris, elliptical and vertical. Its great advantages are being executed through the cornea, certainty of making the pupil at the desired spot, and division of the iris before the aqueous humor is lost.

We observe that Mr. W. has invented a few instruments, and improved some old ones. He has diminished the proportions of Beer's knife for cataract extraction, so as to measure from point to shoulder 8-10ths of an inch, and across the broadest part 4-10ths—a change which Dr. McKenzie, however, believes to be fraught with disadvantages. A very ingenious instrument, lately contrived, is a guarded curette. The point is concealed by a little guard, so that when the instrument is closed, it is dull, in consequence of which it can with great ease