when examined, distinctly proved the nature of the complaint, showing a complete disorganization of the internal structure of the eye; this was transformed into a dense brain-like structure, affording scarcely any traces of the normal condition; no re-appearance of the disease occurred in the orbit, but the child died in about twelve months after the operation, apparently from the influence of a similar disease in the brain.

Invertion of the Eyelids.

The invertion of the lids in two cases were very simple in their character, depending upon a slight thickening of the conjunctival lining the lower lid. These were easily cured by the excision of a suitable piece of skin covering the diseased eyelid, the cut surface being brought together by sutures; the disease disappeared as the wound healed. The third was a very protracted and obstinate case; the inversion of the lid had caused considerable irritation, and thickening of the corneal conjunctiva, and even the cornea itself had begun to participate in the disease, and besides the intolerable misery in this case attendant upon the disease, would decidedly have caused blindness. The patient had been previously operated upon at the General Hospital, (and from the obstinate character of the complaint) with but temporary benefit. In this instance it was the upper eyelid that was inverted, and for its relief I performed the operation recommended by Mr. Guthrie, consisting of a complete division of the diseased eyelid at both its angles including the tarsal cartilage, ; this was perfectly everted up towards the brow, and confined by three sutures, supported by sticking plaster in that position, until by the gradual healing of the wound, the lid was brought by degrees to its normal position. To assist this operation, a piece of the lax skin of the eyelid was removed, and this greatly tended to preserve the proper direction of the tarsal margin. In many of these obstinate and protracted cases, a vitiated curvature of the tarsal cartilage dependent upon its long continuance in the abnormal state, is the true reason that the more simple and less complicated means are not available. Here however, the disease was completely cured without any other deformity being observable, than the two little notches at the angles of eyelids. In the worst of cases this operation far excells the barbarous method of removing the whole tarsal margin which has been practised by some surgeons, in utter despair of remedying the complaint.

Eversion of the Eyelids.

In both instances of this complaint, it was the result of orbital disease. In one case an abscess had occurred in the areolar tissue of the orbit, apparently from inflammation of the periosteum of the orbital plate of the temporal bone; a sinus was remaining which led