

when conveyed through a motor nerve. Irritation and excitation of this centre thus secondarily induced, reflected on the peripheral vaso-motor nerves dilates the arteries. Our theory is therefore consistent with the results, and the facts are again shown to be susceptible of explanation without invoking the aid of the inhibitory theory.

Here, then, is a series, not of crude speculations, but of authentic facts, drawn from the storehouse of physiology, which tend to confirm and establish the simplified view of cardiac innervation and control suggested in our "Physiological Therapeutics." It is evident, on direct and reliable authority, that neither the so-called "inhibitor," "accelerator," nor "depressor" nerves exercises any direct influence over the heart's action, and that whatever effect results indirectly from the excitation or depression of the functional activity of the vagi, the medulla, or cord, is to be explained through the corresponding reflex excitation or depression of the ordinary vaso-motor nerves. Consequently *names* hypothetically assigned to these nerves representing functions not discharged, are not only unnecessary, but mischievous, and should be expunged from physiological treatises.

If this view of the case were to be accepted, the very contradictory and confusing statements regarding the action of drugs on the nervous system in such otherwise admirable compilations on the subject as Dr. Ringer's "Therapeutics," would disappear, and much would be gained, not only theoretically but in the practical adaptation of drugs to the needs of the organism. To the fundamental error that electricity is an "excitant" or "stimulus" to nerve tissue, much of these contradictions are due, since it has warped the whole range of conclusions drawn from experimental physiology. Like other errors which have been authoritatively expounded, it will be difficult to unlearn. The duty of the profession, in the premises, is all the more urgent—not to leave to a future generation what ought to be accomplished by the present.

ENTROPION AND TRICHIASIS.

BY S. E. MCCULLY, M.D., WATERDOWN, ONT.

On June 30th, Miss M. came to my office, suffering from entropion and trichiasis. The history

of her case may be summed up thus:—Some ten years since, when quite young, she was treated for catarrhal ophthalmia by repeated applications of solid sulphate of copper, which induced extensive destruction of the conjunctiva of the lids, the cicatrix producing inversion. From this time the case has been one of misery, all or nearly all the pleasures of youth being either marred or stamped out by this wretched condition of things. All the natural lustre of the eye was gone, the patient groped her way around as if in partial darkness, the lids presented an unseemly heavy red appearance, and the pupils were dilated to their fullest capacity, the cornea being of a milky color and partially opaque. After a careful examination of the case, I concluded to operate. Before doing so, I seized the skin with a pair of toothed forceps, lifting it up sufficiently to evert the eyelid to its natural position, then carefully marked the piece I intended cutting out with a pen and ink, and with the kind assistance of Dr. McLaren who administered the ether, I proceeded to operate. I may here remark that in so far as the size of the excised piece is concerned, each individual case must be treated according to the extent of the inversion. In this case I removed an ellipse extending from angle to angle, its greatest width being $\frac{1}{8}$ ths of an inch. Chloric ether was used, and we gave her in all about two drachms, which rendered her quite insensible. I then seized the skin which I had previously marked, with a pair of toothed forceps, and with a pair of probe-pointed scissors cut away the piece, repeating this operation on the other eye. I then removed any little irregularities and at once closed the wound by four interrupted sutures in each lid. The wound was then covered with court plaster. A little vomiting from the ether ensued. In forty-eight hours the wound had healed by first intention, the plasters were removed and new ones put on, and in seventy-two hours from the operation I removed the stitches. The eye-lashes have put in an appearance and are growing out in good shape, and for the first time in ten years the patient is free from pain and annoyance. In this case the alacrity with which nature seized the opportunity offered her to clear up the cornea, was something really wonderful. On this, the 8th day from the operation, the patient can see to do fine needle-work, can thread the finest cambric needle with