caution and here the result has been equally satisfactory; unfortunately this case had been too much meddled with before coming to my hands to be typical of the class in which I consider ligation specially suitable. This patient, about 65 years of age, with mature cataract in the right eye, had long been affected with a copious secretion of yellow muco-pus from the right tear sac. Decrepit, slovenly and unclean, he did not at best appear particularly suitable for operation and much less so in the presence of a suppurating tear sac. He had been advised that the cataract should not be removed until the tear sac disease was cured and to this end the lower canaliculus had been slit and the tear sac treated by syringing and the use of lacrymal probes, apparently without benefit, at least there was when he came under my care still an abundant secretion from the sac, and a conspicuous chronic conjunctivitis. To have shut off the tear sac by ligation would obviously have been impracticable after the lower canaliculus had been opened, and as the usual treatment had already exhausted his patience, it was thought best to arrest the secretion from the tear sac by using a strong solution of zinc chloride. This caused intense reaction for a few days and was followed in a couple of weeks by complete closure of the artificial opening by way of the lower canaliculus, though fluid could be freely syringed through the upper canal into the nose, none escaping through the lower canal. The conjunctivitis was now practically cured. I, therefore, considered the condition of the eye suitable for the removal of the cataract, after having first taken the precaution of ligating the upper canaliculus.

The operation was followed by a rapid and uncomplicated recovery and the principle I am advocating, that of effectually shutting off the source of infection rather than depending on other tedious and doubtful means of procuring asepsis, was again vindicated.

Now as for the removal of cataract in the presence of a suppurating tear sac, I have failed to find in ophthalmic literature any other recommendation than that of treating the tear sac until cured before undertaking the cataract operation. This would be all very well if the cure could be effected within a reasonably short time, and if we could be certain that an absolute asepsis had been achieved. It is quite certain that many bitter disappointments have attended these supposed cures. Some go as far as to recommend treatment of the nasal cavities until they too are thoroughly disinfected before removing the cataract, but who can tell when this has been accomplished? Personally I have no faith whatever in the efficacy of such treatment. I do not believe that safety can be secured by any known means of restoring these parts to a state of health, except by absolute obliteration of the tear sac. On the other hand, the plan I propose does secure immediate and absolute