

zone is about five or six millimetres. It has been called the dangerous region, from the belief that wounds of this part were particularly liable to be followed by sympathetic ophthalmia. With certain reservations the designation may be accepted, inasmuch as the vast majority of sympathetic ophthalmias are associated with cyclitic trouble in the exciting eye. On the other hand, it is undoubtedly true that wounds in this region are often not followed by any serious consequences, even when left to the *vis medicatrix natura*. I have seen extensive ruptures of the eyeball from excessive violence in this region recover with fairly good vision, without any surgical interference whatever. Such a favorable result, however, can only be regarded as exceptional. On the other hand, comparatively trivial injuries in this locality are not infrequently followed by loss of vision in one or both eyes. If the injury has involved the lens to the extent of causing traumatic cataract, there is always considerable risk of disastrous complications. Under these circumstances, a more or less protracted irido-cyclitis, with all its attendant dangers, may be unavoidable.

Clean cut wounds, either with or without traumatic cataract, are, as a rule, much more amenable to treatment than are lacerations or injuries inflicted with blunt objects which tear and bruise the part injured; here, in addition to the unfavorable nature of the wound itself, the whole eyeball is more likely to have suffered greater violence, besides which, septic or irritating substances are more likely to lodge in the wound or inside the eyeball when the penetrating wound has been effected in this way. This observation affords a natural indication in the management of all wounds in the ciliary region.

Whenever such a wound, whether clean cut or lacerated, is allowed to heal with any portion of the uveal structures entangled in the scleral aperture, there is a serious risk of consecutive irido-cyclitis and of sympathetic ophthalmia. It is for this reason that immediate attention, if possible, within a few hours after the injury, is almost indispensable to success. Every ophthalmic surgeon of any considerable experience has seen many cases of sympathetic ophthalmia which could have been prevented by proper attention to the original lesion.