

Mr. W. questions the opinion that the common source of failure after the operation for symblepharon is the adhesion of the surfaces, and is disposed to refer it for the most part to the occurrence of contraction in the new formation. He has been induced to attribute all forms of entropion to one and the same cause—muscular action—and from dissections which he has made, finds that the orbicularis is about twice as thick for about the one-sixth of an inch over the edges of the lids than elsewhere, redder, larger, and more compact, although it is generally said to be thinnest and weakest there. The older anatomists seem to have given a natural description, but it has been subsequently overlooked and neglected. He adds a very full anatomical account, speaking of it as a distinct muscle, and represents it in a drawing. Mr. Key considered the inverted tarsus to arise from the action of the orbicularis; and M. Desmarres has not overlooked its influence, but he does not recognise its general operation, and neither of these gentlemen have shewn with the precision and correctness of Mr. W., its exact bearing upon the affection in question. He also suspects that, in many cases, diseases of the dense fibro-cellular tissue in which the cilia bulbs lie, play no inconsiderable part in producing permanent entropion. In operating for staphyloma, he is in the habit of saving the lens, contrary to general practice, for, after the irritation of the eye has been removed by the operation, all unhealthy action is at an end, and the lens is not, as is supposed, likely to become osseous or cartilaginous, and is a preventive to the escape of the vitreous humor. Has not found decided benefit in staphyloma of the sclerotica, with disorganization of the eye, from the evacuation of watery fluid wherever accumulated, as it will be sure to recur, unless suppuration ensue, and directs, that after pricking the projecting point to let out some of the fluid to make it flaccid, to remove what may seem requisite, or a part of the cornea, for a more symmetrical stump. It has long occurred to him, that the lenticular coloration of age is, now and then, in itself intense enough to produce cataract. Morgagnian cataract is shewn not to result from opacity of the fluid between the lens and capsule, as no such fluid exists, but from a change in the transparent nucleated cells, which naturally connect the two together. In treatment of prolapsus iridis avoid all irritating applications, as nit. silver, &c., as well as snipping it away, and endeavor merely to keep the eye quiet. The only exception to this line of treatment lies in staphyloma iridis, when he employs excision.

In operating for the radical cure of trichiasis, his manner is the following:—An assistant behind the patient makes the lid tense, by drawing the external angle outwards with the one hand, and with the other raises the brow. "With a scalpel I cut through the skin in the direction of the lines, meeting at their ends, and enclosing an ellipsis, the one nearly