

between the tarsal border and the brow, a horizontal linear cicatrix about half an inch in length, its centre being soft, raised, and of a pale flesh colour. The subjacent tissues were dense and hard to the touch, and pressure upon it caused a stabbing pain within. The eyeball had a normal appearance, but upon everting the upper lid a small circumscribed chemosis was noticed in the outer part of the upper cul-de sac. The vision of the eye was good; its freedom of motion outwards was curtailed, eversion gave rise to diplopia and occasioned a pricking sensation in the outer part of the eye. The patient still complained of pain radiating from the roof and outer part of the orbit.

A probe was without difficulty passed through the centre of the cicatrix to the depth of about half an inch, when it impinged on an apparently solid body from which by means of a slender pair of forceps, a fine splinter of wood was removed, thus proving the presence in the orbit of a piece of the stick with which the patient had been injured. The further use of the probe showed that there were two fragments of wood, one pointing upwards and backwards and fixed in the roof of the orbit, the other, larger, passing backwards and outwards, its point entering the outer bony wall behind the lachrymal gland, the inner end being almost in contact with the eyeball.

Treatment, June 1st. A small incision was made in the cicatrix, and with some difficulty the first named piece was extracted. It was a little more than half an inch in length and of the calibre of a lucifer match. The larger piece was so firmly fixed as to resist all attempts at removal, that could be endured by the patient. Cold water dressings were applied to the lid, and the next day the pain at the roof of the orbit had subsided. Dr. Cassidy being kindly present the patient was anesthetized, the wound enlarged, and the second piece of edging removed; only, however, after making powerful traction upon it, the patient's head being firmly held. This splinter was seven eighths of an inch long, three eighths by two eighths at one end, and pretty sharply pointed at the other where it pierced the orbital wall. Water dressing was applied. The next day the distressing subjective symptoms so long complained of had disappeared, the lid was quite oedematous but the wound was healing kindly. The patient contrary to advice returned home on the same day, and was not heard from for ten months. He had begun work the