

were afterwards introduced, gradually increased in size until the largest one could be passed and retained in the lachrymal duct without inconvenience. At the end of ten days she returned home, without any symptoms of her former malady.

Case 2. Mr. —, aged 35. Has had Epiphora for four years. Annels probes have been frequently passed by myself, and injections employed, but the disease still continued. I recommended Bowman's operation and it was accordingly performed on Dec. 8th.

The next day the sides of the wound had united, but were easily separated* by a probe. Probes of the required sizes were daily passed for the next ten days. One day after the operation the tears ceased to flow down the cheek, and he suffered from his former malady no longer.

As some of my readers may not be acquainted with the nature of this operation which is now the established one for the disease in question, to the exclusion of all others, I will quote from the author's article the directions he has laid down for its performance. I need not state that it should not be attempted by any one who is not familiar with the anatomy of the parts, and who is not in the habit of performing delicate operations upon the eye and its appendages. Indeed Mr. Bowman more than once warns the inexperienced operator to be cautious in attempting this method of treatment, and points out the bad consequences that may ensue from the rough and clumsy efforts of the awkward or rash surgeon.

The operation consists in passing a small director through the canaliculus, and then slitting it up by means of a cataract knife as far as the caruncle. "And the probe is raised on its point out of the canal, to make sure that the edge of the punctum has not escaped division."†

"Having slit up one or both puncta, as may seem desirable, the canals are at once probed to ascertain whether they are of full size." In fact the future treatment of the case must be regulated on the same principles as the management of stricture of the urethra: probes are passed from day to day, gradually increased in size, and the obstruction having been carefully removed, the tears find an easy channel to the nose, and the annoyance under which the patient may have laboured for years is put an end to.

It is unnecessary to point out how much preferable this operation is to the old one. There is no wound of the skin, the slitting up of the canaliculus causes no deformity, and it is not even perceptible, whilst we get rid of the nasty style with its black head, which has always been such a disagreeable object not only to the patient but to the spectator,—besides imposing on the former the necessity of frequent removals and frequent cleansings, attended sometimes with both pain and difficulty in re-inserting it.

Montreal, December 20, 1859.

* To avoid this union of the divided walls of the canaliculus, Mr. Crichton recommends us to snip off a portion of the membrane forming it, with a small scissors.

† Ophthalmic Hospital Reports.