

something to be put into the lachrymal canal to keep it open for a while and give them a rest from the probing and syringing process. In several cases after slitting up the canaliculus with Wiber's or Bowman's probe-pointed canaliculus knife, the stricture was cut in three or four directions with Stilling's knife (Stilling's knife being short, straight and stout it will not break off in the bony canal). Blood issuing from the nose will leave no doubt that the stricture has been cut. The canal is then washed out and a "C" silver canulated style dropped in. The head of the canal will occupy the interior of the sac and remain out of sight, quiescent, for years. I usually take the precaution to have thread cut in the upper end of the lumen of the canula to correspond with thread cut on a probe so that the probe may be screwed into the canula at any time by which to extract the canula. Before cutting the thread on the probe it is of great advantage to have about half an inch in length of the probe project beyond the thread. This part to be small and tapering so that it will readily pass, enter the lumen of the style easily and assist in adjusting the axis of the style to the probe.

The silver canula may be left in situ indefinitely. But occasionally some trouble may arise. A few granulations at the upper end of the canal are the complications usually observed which, when once touched with a saturated solution of chromic acid on a little cotton on a cotton carrier will rarely return. A solution of nitrate of silver, or any solution may be injected through the lachrymal canal, even with the canula in situ. In operating I have a preference for the upper canaliculus because it is more accessible, easier kept clean, and less liable to irritation.

Mrs. F., aged forty-five years, was afflicted with dacryocystitis and stricture of the left lachrymal duct for several years. She had submitted to a great deal of treatment consisting of probing and syringing, but without much improvement. She came to my office, December 10th, 1895. The upper canaliculus was slit up with a Wiber's probe-pointed knife. The stricture was divided by a Stilling's knife in several directions. A No. 8 Ayer's probe was passed. The canal was syringed out with saturated boracic solution, and a "C" silver canulated style put in position by means of a probe previously screwed into the canulated style, and has been left in position ever since, a period of five months. The abscess in the lachrymal canal disappeared in one month. During the first few days she was conscious that something was in the lachrymal canal, but thereafter she became accustomed to it and never noticed it since. I have six patients wearing canulated styles at the present time. I usually leave the