D. and myself were promptly on the spot, and found pretty copious hæmorrhage taking place both from the mouth and external wound. The sutures were removed, and re-action having freely set in, three additional ligatures were necessarily applied, and the hæmorrhage arrested. He complained of pain on applying the ligatures now, as we had not deemed it desirable to put him under the biological influence again, as it had decidedly the power of arresting the circulation in the part, and would again be followed by re-action. The case has gone on steadily mending without a single untoward symptom—the action being perfectly healthy—no medicine having been needed or given, excepting a dose of sulphate of magnesia on the morning of the 14th instant. He is, in fact, so well that the pins are to be removed from the lip in the morning, when he will return to his home.

Quebec, 16*th Dec.*, 1850.

ART. XLIV.—*Case of Traumatic Cataract.*—By HENRY HOWARD, M.R.C.S.L., *Surgeon to the Montreal Eye and Ear Institution.*

On the 1st of March, 1850, Mrs. ———, a widow, presented her son, aged 12 years, at the Montreal Eye and Ear Institution to obtain relief for his right eye, which he stated had been injured from the blow of a top four days previously, since which time he had lost the sight of the eye, and suffered much pain.

On examining the eye, I found a perpendicular rupture through the whole extent of the cornea, the wound being a little internal to the axis of vision. This wound had partially cicatrised, but there was sufficient of it open, in the most depending part, to allow a constant trickling away of the aqueous humour. The wound appeared double the width it really was, owing to a great quantity of effused lymph along its edges at both sides. In the centre of the wound a small portion of the pupillary edge of the iris, at its internal and inferior angle, was strangulated; but this portion of iris was not protruded through the wound, so as to appear on the convex surface of the cornea; on the contrary the wound had been perfectly cicatrised, and the piece of iris was grasped by its internal edge. The remaining anterior surface of the iris was not in actual contact with the concave surface of the cornea, as there was a sufficient quantity of the aqueous humour present to prevent the anterior chamber of the eye from being completely obliterated. This, however, was not the case with the posterior chamber, for the capsule of the lens was in actual contact with the posterior surface of the iris; and although I could observe no wound in the lens, or its capsule, yet there was perfect opacity of both; in other words, there was *Traumatic Capsulo-lenticular Cataract.* The boy was suffering much from deep-seated and circum-orbital pain. There was great vascularity, profuse lachrymation, and intolerance of light. The conjunctiva, sclerotica, cornea, and iris partook of the inflammation. The pupil did not obey the stimulus of light. My prognosis in this case was given with great caution. I told his mother that if I succeeded in removing the inflammation and preventing the whole eye from becoming disorganised, that an operation, even then, might become necessary.

The treatment I adopted was to smear belladonna in the usual manner around the orbit, ordering it to be kept moist. I also ordered the boy to be put to bed, kept quiet, and as much as possible