

mation seems to have crept into the right, and subsequently into the left lachrymal sac, resulting, in the case of the right, in an acute abscess, and in both in complete closure of the nasal ducts, as shown by a backward flow of fluid through the canaliculi by pressure upon the sacs.

I first saw this patient in March, 1869. Both eyes were very watery, and the parts below the inner canthus full, giving a peculiar flat appearance to the bridge of the nose. On pressure a thick glairy fluid regurgitated into the inner angle of the eyelids. She was unable to read or sew without being obliged to wipe her eyes every few minutes. The right lower canaliculus was slit up, and a small probe passed with some difficulty into the nasal duct. A few days afterwards the large sound of Weber was forced through the passage, and the parts kept dilated by means of the same sound, at intervals of a few days, for about 3 months.

On the left side, the lower canaliculus was also divided some days subsequent to the first operation, and the nasal duct forcibly dilated by Weber's large sound, after which it was never meddled with again.

She can now (Dec., 1871) read or work at her needle, by day or night, for two hours at a time, without the slightest lachrymation or other inconvenience. Both nasal ducts are perfectly free.

4th. Mrs. M. A. W., married, æt. 30. In autumn of 1868, the right side of the face became swollen and painful, as if—as she described it—from toothache. When the swelling subsided, there remained a small, hard lump below the inner canthus, persisting for two years. At first, pressure upon this lump caused a discharge into the nose, but latterly this passage became occluded. The lump increased in size some time after it first appeared (Aug., 1870), became very painful and suppurated, and was relieved by incision. It subsequently inflamed, suppurated, and was lanced repeatedly, till she first came under my observation, in August, 1871, at which time she was suffering from continual irritation of the right eye, there being at the same time an indurated, painful, discolored patch below the inner canthus. This shortly suppurated and was relieved by puncture. Shortly afterwards, when the inflammatory symptoms had subsided, the