of prudence in the face of a disaster so grievous as the sacrifice of an eye-ball, no wonder they run the fatal risk rather than agree to a life-long mutilation of their offspring.

It is the surgeon's task to find a safe way out of the dilemma. It is here that conservative surgery of the eye may achieve its greatest triumphs.

We have only to concern ourselves at present with serious injuries of the eye, which we may divide into two classes:

(*a*) Those which are likely to be followed by great damage to or total loss of vision.

(*b*) Those in which vision is obviously destroyed.

In the first of these two classes, the surgeon will be in duty bound to spare no pains in order to save as much vision as possible, and on no account to sacrifice the eye-ball if there is a reasonable chance of protecting the other eye from sympathetic trouble in any other way. In the second class of cases two courses are open to him; they are, either to remove the hopelessly blind eye immediately, or to preserve so much of it as will afford a good moveable stump for an artificial eye to rest upon.

In class *a* will be found far the greater number of serious injuries of the eye-ball, and it is in dealing with this class that the surgeon's knowledge, skill, judgment and experience will be most severely tested.

One of the leading English authorities of the present day says that "when the wound is in the dangerous region (the ciliary), and complicated with cataract, excision is without doubt the safest course in all cases"; thereby implying that excision should always be done under these circumstances. Even when the wound is entirely corneal, with injury of iris and lens, he says: "If the corneal wound be large and irregular, excision is necessary," the same, too, "if the corneal wound be small, and persistent irritation ensue." I cannot concur in any of these statements, since with antiseptic precautions there are many cases in the first category which will turn out well if all entangled iris or other portions of the prolapsed uvea are carefully removed and the wound united by means of one or more fine silk sutures. In addition to this, cold antiseptic dressings and other well known antiphlogistic measures may be required for some time after-