

cranium and brain. The ball was not removed for seven years after the injury, but in a few days after being wounded he was fit for duty. In January, 1871, this officer was on duty as captain in the 13th Infantry.

Private Stallman, wounded at Winchester by a musket ball, which entered at the right temple and emerged at the opposite side of the head. In spite of this serious lesion of brain, in a few months he was put on light duty. He had no strabismus, and we are told that, although his mental faculties were slow and uncertain and his memory impaired, he had no hallucinations nor mental aberrations. The year following the injury he was pensioned. No functional impairment except the above mentioned.

Private Haggart was wounded by a conoidal musket ball, which struck the left side of the head, and passing through carried away a large part of the left half of the occipital bone. At first he became insensible and lost more than an ounce of cerebrum, leaving bare the meningeal artery. Seven months afterwards he was discharged from the hospital. At that time both eyes were dilated, causing dimness of vision, but his intellect was good, and he could read very coarse print. He died four years afterwards, but it is not recorded what was the cause of death. This extensive lesion only produced these slight results.

Sergeant Woodman was wounded by a gunshot missile, which entered above the left frontal eminence and emerged at a point one inch behind the upper margin of the right ear. He was unconscious for several hours. At the wound of exit eight small bones afterwards discharged. He was alive three years afterwards, and it was reported that the organs of special sense and the intellect were unimpaired.

Private Plumly was wounded by a conoidal musket ball, which entered at the inner angle of the left eye, and after passing through the brain substance it emerged behind the left ear. On March 7th, 1867, nearly three years after the wound was inflicted, he was in good health, and a pensioner. The only physical results were obscuration of the vision of the left eye for a short time, the discharge of pus from the orifice of entrance of the ball and through the right nostril and upper part of the posterior nasal cavity into the mouth.

Private Sechler was wounded by a conoidal ball, which struck the *os frontis* over the right eye and passed into the brain. He not only lived, but returned to duty six months afterwards, and was at the close of the war mustered out so well that he did not even receive a pension. The ball was not extracted. No functional results.

(To be continued.)

PLASTIC OPERATIONS ON THE EYELIDS.

BY R. A. REEVE, B.A., M.D.

Lecturer on Ophthalmology and Otology, Toronto School of Medicine, and Surgeon to Andrew Mercer Eye and Ear Infirmary.

(Read at Meeting of Canada Medical Association, Ottawa, Sept. 2, 1880.)

(Continued from page 6.)

CASE 2.—*Ectropion of Upper Lid, treated by Transplantation of Flap without Pedicle.*

Though second in order, this was the first case in which the above method was followed; and it was the fourth, so far as I was then aware, on this side of the Atlantic, the first being reported by Wadsworth, of Boston, and the second and third by Aub, of Cincinnati. The patient had psoriasis (non-specific) to such an extent that one could hardly get a patch of healthy skin large enough for a flap; and I did not wish to operate until he had fully recovered, as there was little likelihood of success; but it was (now or never) with him. When admitted, the left cornea was sloughing, owing, seemingly, to exposure of the globe from ectropion—the result of an injury received some months previously. The lower lid was drawn downwards and outwards, and everted, and all the skin of the upper lid was destroyed, except at the ciliary edge, which was adherent to the upper margin of the orbit, where slight exfoliation of bone was going on. All the surrounding tissue was cicatricial, and a flap with pedicle could not be had.

As it was too late to attempt to save the cornea, palliative treatment was used until the inflammatory action had ceased and the carious spot had healed; and on the 25th of June, 1879, the operation was done. The lower lid was first brought up into place by incisions making a triangular flap with base to free border (upwards), some burrowing and subcutaneous division of bands of adhesion, and then the sliding upwards and inwards of another flap (rectangular), with its base under the malar process.

The upper lid was freed by an incision a little above the eyelashes, and some dissection. The free edges were then made raw at four corresponding points, which were brought