

the wound inflicted by the bursting of a soda-water bottle. There was a clean cut through the inner edge of the cornea, thence upwards and backwards through the ciliary region. There was



FIGURE 1.

no injury of the lens, but some vitreous had escaped, and both iris and corresponding portion of the ciliary body were prolapsed and engaged in the wound. These being thoroughly cleared away, two stitches were inserted, one at the sclero-corneal junction, the other about four millimetres further back. These secured good coaptation of the scleral edges. A perfect recovery ensued, and the eye maintained a normal appearance, with the exception of the large iridectomy inwards. Vision being nearly perfect when an acquired myopic astigmatism was corrected with a suitable concave cylinder glass.

Two other cases of quite recent occurrence are also good illustrations of the same class of injury. Figure 2 is that of an



FIGURE 2.

eye which I treated a few weeks ago for a long wound across the upper and outer part of the ciliary region, likewise a bottle accident. There was a long jagged wound through the upper eyelid, and a similar wound in the sclerotic, more than half an inch in length. Much of the vitreous had escaped. The anterior chamber was filled with blood, and the eye had a collapsed appearance. Owing to the lateness of the hour repair of the wound was delayed until the following day. One stitch sufficed to unite the scleral edges sufficiently closely. For about a week there was pretty severe reaction, which finally yielded to the antiphlogistic measures already mentioned, and at the end of