

From the man's account it was clear that there was no particle of stone lodged within the eye. As it was impossible to bring the edges of the wound together without a suture, I introduced a single thread and brought the divided parts into apposition. The patient progressed most favorably, and the wound completely united. The presence of the stitch produced no irritation.

It is easily understood, as the same able ophthalmologist explained, how difficult a matter it is to heal wounds of the sclerotic when we take into consideration its cup-like character, and the inability to adapt itself to the sudden diminution of bulk induced by an escape of the vitreous. Another difficulty also is the constant oozing of the vitreous through the wound, tending thus to keep the cut edges apart, and also prevent the eye from being again plumped out by an abundant secretion of aqueous. The employment of the suture will, as a rule, by promoting the escape of vitreous bring about a speedy union.

As to the propriety of excising the ball under the circumstances in which I performed the operation. The question might here also be raised,—Would not paracentesis or incision have answered every purpose? As to the former proceeding I find ophthalmic surgeons are not united in its favor. Mr. Lawson, whose opinion I am inclined to respect as equal to any other living authority, states that in severe, bad cases of ophthalmitis which have come under his observation, he is satisfied that the ultimate destruction of the eye has been hastened by an injudicious paracentesis of the cornea. Besides where suppuration proceeds with the rapidity witnessed in the case I have reported, the natural surmise is that a foreign body is present embedded deep in the structures of the ball, and how, it may be asked, could paracentesis be of any permanent benefit here. Incision even might fail to meet the difficulty.

In a word, it must be remembered that we have a sound organ standing in imminent danger of being affected by