

little more than slight lachrymation and puffiness over the region of the lachrymal sac, alternating with changes in the weather, with more or less oozing of a mucoid discharge through the Puncta upon pressure applied over the sac. It may originate either in a prior obstruction of the ducts from catarrhal or other inflammation in neighboring parts, as the conjunctiva or nasal mucous membrane; or it may itself, from repeated inflammatory attacks, lead to secondary occlusion of those channels. In whatever way caused, sooner or later, an obstruction in one or other of the canals sets in, and the complete pathological condition is established.

Periodical attacks of inflammation of the sac, frequently resulting in abscesses, are not uncommon, and these may recur at indefinite periods for a length of time, leading not only to very great annoyance and discomfort to the patient, but to actual disfigurement from the establishment of a permanent, hardened, discolored, sometimes fistulous, and always unsightly patch in the skin, and subjacent tissues in the vicinity of the sac.

The treatment has hitherto been properly directed to the restoration of the obstructed passages; but to show the small measure of success which has attended any one mode of dealing with the matter, we have only to glance at the number of diverse operations which have been proposed to surmount it. There is *catheterism of the nasal canal*, as performed, each in his own way, by Laforest, Bonard, Gensoul, &c.: *Injections*, from above and from below, or through an existing fistula; *Dilations*, either through the natural ducts, or through an artificial opening into the sac; *Formation of artificial canals*, through the lachrymal bone or antrum, or even *extirpation of the lachrymal gland*, and many others.

In those cases which have come under my immediate notice, I have had, as yet, generally no great difficulty in procuring the most satisfactory results from one or other of three modes (single or in combination) which have been lately recommended to meet the object in view.

In the one case the operation consists in slitting up the canaliculi, and introducing a number of graduated probes from time to time,—as recommended by Bowman.

In the second case—by Herzenstein's process—after slitting