two weeks the eye presented a normal appearance, with the exception of a little congestion at the seat of injury. Only a narrow blue line marking the course of the wound. Vision improving rapidly as the blood in the vitreous chamber becomes absorbed.

Figure 3 is that of an eye penetrated by a sharp-pointed

FIGURE 3.

fragment of glass two weeks ago. There was a clean-cut triangular wound in the ciliary region, much vitreous had escaped, and a great deal of blood was effused in the eye, so that there was only quantative perception of light. Iris and lens were strongly retracted. The patient was destitute of self-control, and an anæsthetic had to be administered in order to repair the wound as already described. One stitch at the apex of the triangle sufficed to bring the clean scleral edges into perfect coaptation. The reaction was quite severe for two days, but the constant application of iced compresses allayed all undue inflammatory symptoms in three or four days. Now the external appearance of the eye is perfectly normal. There is no trace of irritation, and the vision is improving so much that fingers can be counted with the wounded eye at two feet distance.

Quite small, clean cut wounds in the anterior part of the eye are only likely to be serious when complicated with traumatic cataract, if at, or very close to the corneal margin, there may be an entanglement of iris, which must be dealt with on the principles already quoted, either replacement or removal; when situated further back, such small wounds are best managed by non-interference.

Lacerated and punctured wounds inflicted by large or blunt-pointed objects should be treated on the same principles as incised wounds, and an endeavor made to coapt clean scleral surfaces. To accomplish this, a certain amount of trimming of the