generally of a scrofulous origin; and a very remarkable case is given that got well solely by change of climate. The best guide in passing the style is a spot a little below, and internal to, inferior punctum, the usual guide—the tendo oculi—not being available when disease exists.

Chap. IX.—Incision of conjunctiva in chemosis. For this purpose he makes four cuts from "spot of reflection and chemosed conjunctiva on cornea, carrying it along the sclerotic to sinus of lid, then depressing the handle, and including within the curve of the blade the swollen conjunctiva of the lid."

Chap. X.—Strabismus. Many of our readers doubtless know that this operation has fallen into disrepute from the liability of the deformity to recur. Mr. W. has never had a case of failure or relapse—believes want of success due to the operator not effectually dividing the muscle. Has operated on many when first operation failed in other hands, and has always found a piece uncut. Dissents to division of other than recti muscles. When operation on external rectus not enough, must resort to ligature, after the method of Wilde, which he details.

Chap. XI.—Tumors. The various kinds as they spring from the different parts—the lids, conjunctiva, sclerotic, cornea, orbit, &c.—are all fully discussed and amply illustrated.

Chap. XII.—Protrusion eyeball from—I. Causes within the orbit, including those arising from anœmia, rheumatic inflammation within the orbit, periostitis of the orbit and disease of the optic nerve. II. Causes external to the orbit, including morbid changes in the cranium, zygomatic fossa, maxillary sinus, nasal fossæ and sphenoidal sinus.

Chap. XIII.—Staphyloma. Mr. Jones' explanation is adopted, "that corneal staphyloma forms, when the iris is partly exposed by the loss of the cornea, being covered by an opaque, firm tissue, like that of a cicatrix. The liability of the lens to become osseous or calcareous, is clearly established. Recommends early removal of a greater or less part of the tumour as the best preventitive to total collapse of globe.

Chap. XIV.—Conical cornea. Chap. XV.—Removal of opacities of cornea. Prefers trusting to nature than to paring, more especially while any existent inflammation. Introduce the subject of transplantation of the cornea, of which investigation has removed all hope of its efficacy.

Chap. XVI.—Cataract. Of the operations, he considers displacement essentially bad, from making the cataract a foreign body in the eye, and should only be resorted to when extraction would be dangerous or positively unsuited. The difficulties of extraction have been greatly exaggerated; and in performing, prefers upper flap. Uses curved needle in displacing. Does not describe simple depression as it is now superseded. Breaking up he takes to be the safest as regards immediate danger,