playing at a glance the full extent of the injury, yet altogether, perhaps, a much less grave injury than the other. That the rotary motion which these projectiles have is sufficient cause to account for the difference of effects, is demonstrable on the principle of mechanics. It is not unimportant to know that something more than mere inexplicable caprice governs movements and determines results, here as elsewhere; that effects follow causes, even in the erratic movements of the missiles of warlike engines.

A CASE OF CHRONIC GLAUCOMA. IRIDECTOMY.

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Mr. C., æt. 70, American, carpenter, came to the Infirmary April 23, 1863. His sight had been failing for eight years. The right eye read with difficulty at 20 feet Dyer's upper line (adapted for a hundred feet) and a letter of the next line; the left eye read only the upper line. In the absence of any note on the subject, we suppose the above sight was with the unaided eye, without any glass. In each eye the field of vision was diminished and the tension increased. The ophthalmoscope showed in each the characteristic deviation of the retinal vessels at the periphery of the nerve, a little less marked in the right eye. There had been no pain, and, we think, no inflammation. There was no inflammation at the time.

April 26th.—Iridectomy was done on the right eye.

May 4th.—The blood nearly if not quite disappeared from the anterior chamber.

About May 18th.—Patient discharged. Vision apparently not improved. Acuteness of vision not quite as much as before the operation. The ophthalmoscope showed the media to be clear and no retinal extravasations.

July 30th.—Sight certainly not diminished. With a convex glass of 40 inches focal distance the eye operated on reads at 20 feet the two upper lines of Dyer's.

1864, Nov. 14th.—The eye, with the same glass, reads the three upper lines of Dyer's at 20 feet. The other eye, though at the time of the operation nearly as good as the right, now with difficulty sees at 20 feet the card on which the letters are printed.

In cases of chronic glaucoma unaccompanied by pain and inflammation, the advantage of iridectomy is not so striking as in acute inflammatory cases. We generally say to the patient, in the former class of cases, that by means of the operation the sight will diminish less rapidly than it otherwise would, and the above case seems to confirm this view; for at the end of eighteen months the eye operated on has lost, if anything, certainly very much less than the one not operated on.