OPHTHALMOLOGY.

32. *Complete Absence of the Iris.* By Dr. F. PRAEL.—A blond country girl, *ætat.* 27, who was in good health, but had menstruated very late, and was of small stature, had had weak vision from her childhood, was near-sighted, and when an infant had often had a reddish glimmering in her eyes. On examination, the eyes were at once remarkable for the narrow and deep apertures of the eye-lids, and for the peculiar, though not vacant expression, which the raven black appearance behind the cornea gave them. The upper eye lid was extended transversely across the upper half of the cornea; it moved sluggishly, and the author never observed it to be drawn up. The eye, though defended by thick set and very delicate eyebrows, was yet very sensitive to common day-light; its ball continually moved hither and thither; its axis was directed downwards, and the ciliary border of the upper eye-lid was constantly vibrating, though the lid itself hung down inactive and broad. The patient had never suffered from any inflammatory or painful affection of the organ, though, to avoid the light, she kept her head constantly turned downwards. The bulb had its natural size, though a somewhat elliptical form. The snow-white sclerotica contrasted strongly with the deep black colour of the interior of the eye. In neither eye was there the least trace of iris; the lenses were of a dull greyish white colour, and atrophied, and they oscillated on every motion of the steady eye-ball. On looking at a near object, they sank deeper down; but in viewing a distant one, they rose up, and formed an inclined plane. In the right eye especially, the cataract sank so deep, that it sometimes lay quite below the inferior margin of the cornea. With proper spectacles the patient could discern a large print; and in looking at it, the cataracts became fixed in their deeply sunk position. Her vision was sufficiently good to enable her to carry on her common occupation, and, therefore, no treatment was adopted to improve it. In another case, reported by the author in Graefe and Walther's journal, there was only a very narrow ring in the place of the iris; but it lay behind the lens which was affected with cataract, and immovably fixed in the anterior chamber, and it therefore seemed to be entirely deficient. In this patient the rudiment of the iris completely obstructed the entry of the light, and there was less sense of sight than in the preceding, though, as the eye was not unsteady, nor covered by the lids, and had its axis in the normal direction, its vision had been quite good till the lens became opaque. In the first of these cases, the author believes that the malformation must have had its origin from an early month of fetal life: in the second, that the arrest of development probably took place in the fourth or fifth month. In both it was remarkable that the defective formation of the iris coincided with a late development of the generative organs.—*London Medical Gazette*, from *Ammons Monatschrift* Bd. 1; H. 5; P. 501.

33. *Formation of New Eyelids.* By Dr. E. LABORIE.—This paper contains five successful cases of reparation of partially or completely removed eyelids, which have been observed by the author under the care of M. Jobert and M. Blandin.

In the first, of which the subject was a man *ætat.* 51, with a malignant tumour of the lower eyelid, M. Jobert removed it all from the external canthus, to within two or three lines of the punctum lachrymale, exposing and removing some of the fibres of the orbicularis muscle. He then cut from the upper part of the cheek a flap of skin of an elongated triangular form, with its base slightly rounded and directed externally, and of which the truncated summit which was to serve as a pedicle was situated a little below the outer angle of the eye. This flap, which when it was dissected up was an inch and a half long, and half an inch wide at its outer part, was now twisted upon its pedicle and applied in the surface of the wound made by the removal of the part of the eyelid. It exactly fitted, and was fixed by three sutures. The wound on the cheek was also united by suture, and a simple slightly compressing dressing was put over the whole.