

the quadrant of the cornea lying over the foreign body (Fig. 7) and with the point of the keratome driven towards the foreign body. If the point of the keratome seems to drive too near the angle of the chamber the wound may be enlarged by side-to-side movements instead of by an onward thrust. The foreign body may now be easily seized with toothless iris forceps and withdrawn. The risk of prolapse of iris is also avoided, as with corneal incisions in this situation the iris does not prolapse as is so often the case with incisions at the limbus.

In a case in which an eyelash was lying on the lens and no part lying on the iris a similar procedure was adopted, but the lash was first disengaged and gently coaxed over the iris by a stream of saline solution through the silver nozzle of a M'Keown's irrigator devised for the treatment of immature cataract.

ON A SMALL IMPROVEMENT IN SKIN GRAFTING

BY

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I find the cutting of Thiersch grafts to be facilitated by first painting the skin (after the usual preparation) with a stiffening agent, such as a thin even layer of flexible collodion.

This stiffens the epidermis, so that it moves over the knife with less crumpling, and it also makes the application of the graft much easier in certain difficult situations.

I would not, however, advise the use of a stiffening agent in all cases, since sometimes the very softness of the graft enables it the better to fill in the inequalities of an uneven surface.

Paraffin wax could be substituted for collodion when the latter is not obtainable, but although it would help the cutting, there is the danger of fragments becoming detached and getting in the way during the application of the graft. For this reason collodion or formalized gelatine is better.

ARTIFICIAL EPISTAXIS

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A NOVEL, and I think valuable, expedient came to my rescue as a substitute for Heurtelouping when leeches became scarce during the war. In acute and sub-acute glaucoma and other congestions