evacuated, blindneſs, with sinking of the eyeball, will almoſt always be the conſequence ; but in wounds of a ſmall ex­tent, by proper treatment, a cure may be made and the fight preſerved.

Sect. **II. *Of Diſeaſes of the Eyelids.***

The eyelids are ſubject to be infeſted with tumors of dif­ferent kinds, which frequently require the aſſiſtance of ſur­gery. The firſt of theſe is the hordeolum or ſtye, which frequently grows on the edge of the eyelid, and is attended with heat, ſtiffneſs, and pain; and unleſs proper means be taken to prevent it, a ſuppuration is frequently the conſe­quence. It may be conſidered as a common abſceſs ſeated in an obſtructed ſebaceous duct or gland. It may gene­rally be removed by diſcutient applications. Should theſe prove ineffectual, it ought to be brought to ſuppurate by a ſmall emollient poultice, when it will commonly heal of it­ſelf ; but if it do not, it may be opened with the point of a lancet, that the matter may be diſeharged ; and the part may be anointed afterwards with ſaturnine ſolution.

The eyelids are ſubject to encyſted tumors, ſteatoms, warts, &c. which are to be treated like the ſame tumors when ſeated in other parts of the body ; only in extirpa­ting theſe tumors, ſhould part of the eyelid be removed en­tirely, no dreſſings can be applied, as, however mild they may be, they would irritate and inflame the ball of the eye. All that can be done therefore, in ſuch caſes, is to lay the lips of the ſore as nearly together as poſſible, and frequently to remove any matter that may form on it.

The eyelaſhes are ſometimes ſo much inverted as to rub upon the eye and create much pain and inflammation. Vari­ous cauſes are aſſigned for this, ſuch as the hairs themſelves taking a wrong direction ; inverſion of the tarſus or carti­lage of the eyelid ; ſome cicatrix formed upon the skin of this part after wounds or abſcesses ; tumors pressing the hairs in upon the eye ; and, finally, a relaxation of the exter­nal integuments.

The treatment of this diſorder muſt depend much upon **a** knowledge of the cauſe. When it is owing to a derange­ment of the cilia themſelves, if they have remained long in this ſtate, it will be extremely difficult to make them re­cover their proper direction. They ought therefore to be pulled out by a pair of forceps, and the part waſhed with ſome aſtringent lotion ; and if the new hairs appear **to** take a ſimilar direction, which is very apt to happen, as soon **as** they are long enough they ought to be turned back upon the eyelid, and kept there for ſeveral days, or even weeks, by adheſive plaſter. When the diſeaſe proceeds from **a** contraction of the orbicular muſcles, the contracted part may be cut from the inner ſurface of the eyelid ; in which place a cut commonly ſoon heals. If the caule pro­ceed ſrom a tumor or cicatrix, this muſt be removed before **a** cure can be expected ; or if it be owing to relaxation of the ſkin, the parts ought to be bathed with ſome ſtrong aſtringent. If this fail, the relaxed skin ſhould be removed, and the part healed by the firſt intention. Sometimes the cilia of the upper eyelid are turned in on account of drop­ſical ſwelling in that place. When this happens, the water is to be evacuated by a few punctures with a lancet ; but when ſuch means fail, and when the diſeaſe is quite local, if viſion be diſturbed, a ſufficient part of the skin ought to be removed with a ſcalpel, and a cure made by adheſive plaſter or the twiſted future.

When the gaping eye takes place to any great degree, it is attended not only with much deformity and uneaſineſs, from a large portion of the lining of the eyelid being turned outwards, but likewiſe from too much of the eye being expoſed. The diſorder may ariſe from an enlargement of the eyeball, from dropſical ſwelling, or from the cicatrix of an old wound or abiceſs : hence it is frequently produced by the ſmall-pox, burns, or ſcrophula ; but more frequently by a laxity of the part in old age.

When the diſorder is induced by an enlargement of the ball of the eye, nothing but a removal of this ſwelling can be effectual. If from dropſical ſwelling, when this is con­nected with general anaſarca, the affection of the ſyſtem muſt firſt be cured ; but if it appear to be local, nothing anſwers ſo well as punctures. When it ariſes from a cica­trix, the ficin ſhould be divided, and the effects of inflam­mation guarded againſt. If it be owing to inflammation, the antiphlogiſtic courſe muſt be uſed ; when it ariſes from old age, the eyes ought to be daily bathed with cold water, or ſome aſtringent and ſtimulant ſolution.

Concretion of the eyelids ſometimes ariſes from **a** high degree of ophthalmia; in which caſe the eyelids are not only connected by their edges to each other, but now and then grow to the ſurface of the eyeball. A coheſion is ſometimes obſerved alſo in children at birth. When the adheſion is flight, it may in general be removed by the end of a blunt probe ; but when it is conſiderable, a cure can only be effected by a cautious dissection. If the eyelids on one ſide be found, they will ſerve as a guide to direct the inci­ſion. The tarsi are carefully to be divided from each other; after which, if there be no other adheſions, the eyelids may be readily opened : But if they adhere to the eye, the operator is gently to pull and ſeparate the eyelids, while the patient is deſired to move the eye in the oppoſite di­rection. When this is effected, nothing is further neceſſary than to drop a little oil upon the eye, and cover the eye­lids with ſoft lint ſpread with ſome cooling emollient oint­ment. The oil and ointment are frequently to be repeat­ed, and every precaution taken to prevent inflammation and irritation.

Sect. III. ***Of Specks, Films, or Excreſcences on the Eye.***

Specks are ſometimes formed upon the white part of the eye, but more frequently upon the cornea. In the former caſe they are ſeldom attended with much inconveni­ence, but in the latter they are often the cauſe of partial or total blindneſs. They are almoſt univerſally the conſe­quence of inflammation, and ſeldom go much deeper than the tunica adnata. Two very different ſtates of the diſ­order occur ; the one from an effuſion immediately under the outer layer of the cornea, and in this caſe the cornea does not appear to be raised ; the other takes place from one or more little ulcers, which breaking, leave as many opaque ſpots in the centre, which are more elevated than the reſt of the cornea : and the inconvenience attending either ſitua­tion. muſt always be in proportion to their extent and degree of opacity, or their vicinity to the pupil. When viſion is little affected by them, they need ſcarcely be con­ſidered as an object of ſurgery ; but whenever viſion is ma­terially impaired, remedies become necessary, and theſe ſhould be ſuch as are beſt ſuited for removing inflammation, promoting abſorption, and reſtoring tone to the veſſels. For the means adapted for removing inflammation, ſee Medicine, n⁰ 175.

Veſſels running upon the ſurface of the eye into the ſpeck are to be divided, and the eye frequently bathed with ſome refrigerant collyrium. By theſe means the simpleſt kind of ſpecks, when recently formed, may generally be removed ; but where they have been of long, ſtanding, their removal is attended with great difficulty. Where the ſpeck is owing to an effuſion of fluids between the layers of the cornea, and where it is not attended with any prominence, local applications are of little advantage, as it.