ment ; the quick ſenſation in the lining of the ſac and duct, and its diſeaſed ſtate, are great objections on the ſide of the parts, ſuppoſing it were capable of anſwering any valuable end, which it moſt certainly is not.

That the paſſing a fine probe from one of the puncta la­chrymalia into the noſe is very practicable, is known from experience ; but the pain it gives, and the inflammation it often excites, are much greater than any benefit which does or can ariſe from it. It is ſaid that the principal uſe of this probe is to clear the little ducts leading from the puncta into the ſacculus, and the obſtruction of thoſe ducts is often men­tioned as a part of this diſeaſe. Hence one would be led to ſuppoſe that it was a circumſtance which frequently occurred ; whereas it is ſeldom, if ever, met with. Nor, even if it did happen, could it ever produce the diſeaſe in queſtion; the principal characteriſtic of which is a diſcharge into the inner corner of the eye upon preſſure made in the angle.

The ſyringe, if uſed judiciouſly while the diſeaſe is re­cent, the ſac very little dilated, and the mucus perfectly clear, will ſometimes be found ſerviceable ; it gives no pain; and a few trials render the uſe of it by no means troubleſome. There is very little occasion, however, to take much trouble, or to put the patient to ſo much uneaſineſs ; for if the ſac be emp­tied by compreſſion, if the liquor which was to have been injected be applied to the puncta, they will abſorb it as rea­dily as the fluid which naturally paſses through them.

Fabricius ab Aquapendente invented an inſtrument, which was ſo contrived as by means of a ſcrew to make a preſſure externally on the lachrymal bag ; from the uſe of which, he ſays, his patients received much benefit. This inſtrument has been conſiderably improved by late practition­ers, and is ſtill recommended as very uſeful. See fig. 39.

All the good that can be obtained by compreſs and ban­dage, this ſcrew is capable of procuring ; but it is alſo ſub­ject to all the ſame inconveniences, ariſing from the impoſſibility of determining exactly the due degree of preſſure: for if it be ſo great as to bring the sides of the upper part of the ſac into contact, all communication between it and the puncta will be thereby flopped; if it be but slight, the accumulation will not be prevented ; nor does it in either caſe contribute to the removal of the obſtruction in the naſal duct, the primary and original cauſe of the diſeaſe. If the curative intention was to procure an union of the ſides of the ſacculus, as in the caſe of parts ſeparated from each other by the forma­tion of matter or ſloughs, and the preſſure could be made uniformly and conſtantly, poſſibly it might be ſo managed as to answer a valuable purpoſe ; but as that is not the in­tention, the preſſure, whether made by an inſtrument or by a common roller and compreſs, contributes little or nothing toward a cure.

When the diſeaſe is only beginning to form, if the la­chrymal ſac be frequently preſſed with the finger, the con­tents of it will be discharged before they become acrid, and the complaint, though ſeldom to be cured in this manner, may be ſometimes endured without any other aſſiſtance. But when the diſeaſe has advanced ſo far as to be in a ſtate of inflammation, conſiderable relief may be obtained from ſuch remedies as are found to be uſeful in inflammatory af­fections of other parts of the body, as blood-letting, laxa­tives, and low diet, together with ſaturnine applications to the parts affected. But when theſe fail, and it is found that the paſſage of the tears to the noſe is completely obſtructed, as the matter, if it does not burſt outwardly, may be in dan­ger of corroding the bone underneath, a different practice is to be followed.

In this ſtate, an opening in the upper part of the sacculus lachrymalis becomes in general abſolutely neceſſary; and as wound made by a knife leaves a much leſs diſagreeable ſcar than that which neceſſarily follows the burſting of the skin, one being a mere simple diviſion, the other a loſe of ſubtance ; it will always be found beſt to anticipate the acci­dent of burſting, by making the opening as ſoon as the inte­guments are in ſuch a ſtate as to threaten it.

For making this inciſion, authors have been very par­ticular in their directions with regard to its place, manner, and form. But all that the ſurgeon need obſerve is, to take care to keep the knife at a proper diſtance from the junc­ture of the palpebræ, to begin the inciſion a very little above a line drawn from that juncture toward the noſe, and to continue it downward ſo as to lay the ſac completely open ; and the beſt inſtrument to make it with is a ſcalpel of the common form, but of a ſmall ſize. If the ſacculus be alrea­dy burſt, the place of opening is determined ; and the ori­fice may be enlarged with a knife, or dilated.

The inciſion being made, the contents of the tumor ſhould be moderately preſſed out ; after which, ſome practitioners advise that the naſal duct ſhould be ſearched for by means of a probe ; and if found, that a piece of catgut, bougie, or lead, ſhould be introduced, and kept there, its edge being bent a little downwards till the ſides of the duct are ſkinned over and healed. In the mean time, the ſore is to be dressed with ſimple pledgets of wax and oil, which are to be retain­ed by means of adheſive plaſter. As ſoon as the paſſage of the tears into the noſe is ſufficiently ſecured, the ſubſtance which has been leſt in it is to be withdrawn, and the wound healed.

The laſt ſtate of this diſorder is that in which the natural paſſage from the ſacculus to the noſe is ſo diſeaſed as to be quite obliterated, or in which the bones are ſometimes found to be carious. The methods hitherto deſcribed have all been calculated to preſerve the natural paſſage, and to drive the lachrymal fluid again through it. In this attempt they are ſometimes ſucceſsful ; but when every trial for diſcovering the naſal duct has been unſucceſsful, recourſe muſt be had to an artificial opening for the tears. In performing this part of the operation, the patient ſhould be ſeated op­poſite to a window, with his head ſupported by an aſſiſ­tant. The ſurgeon is to place himſelf immediately be­fore him, either in a fitting or ſtanding poſture. The canula of the trocar (fig. 40⁰.) is now to be introduced to the under and back part of the lachrymal ſac, and held with one hand, while the ſtilette is to be paſſed into it by the other, in a direction obliquely downwards and in­wards, between the two ſpongy bones, till it reach the ca­vity of the noſe, which will be known by ſome bloody mu­cus paſſing out at the noſtril. As ſoon as the inſtrument has penetrated the noſe, the opening ſhould be made ſuffi­ciently large ; then the ſtilette ſhould be withdrawn, and a bit of catgut or bougie, or what is more cleanly and con­venient, a leaden probe, is to be introduced, and the canula removed. One end of the probe ought to remain in the noſe, and the other bent in ſuch a way as to hang over the edge of the wound, and at the ſame time be in no danger of coming out. The ſore is now to be covered with a pledget of lint ſpread with emollient ointment, and the whole re­tained with adheſive plaſter. The probe muſt be removed every day or two, ſo as to allow it and the paſſage to be cleaned ; and at each dreſſing ſome aſtringent injection ſhould be thrown in, when the parts are to be dressed as at firſt. Several weeks will commonly be neceſſary for render­ing the paſſage perfectly callous ; but this muſt depend much upon the ſtate of the parts, as well as the conſtitu­tion of the patient.

After the paſſage is become ſufficiently callous, the dreſ­ſings and probe are to be withdrawn, and the parts cleared from any mucus with which they may be stuffed. The