Mr. M. H. WHITING
 discussed the relative merits of the Haab and Mellinger magnets in the removal of foreign bodies from perforating wounds of the eye. He, in association with many other surgeons, felt that the Haab was the superior instrument. The visibility was better. The rods with the Mellinger magnet were difficult to control and the patient could not withdraw his head when he felt pain; that was the reason why lens injuries were more frequent with the Mellinger magnet. Thirdly, the power of the Haab magnet was greater.

Mr. ELMORE BREWERTON
 remarked that two speakers had mentioned prolapse of iris and its replacement, and they both suggested that an incision should be made 180° from the radial wound. (Drawing shown.) He thought it was much easier to make the incision at 90° or less and he advised that a keratome incision should be made in all such cases before dealing with the prolapse. The repository was made to enter at the incision and passed between the root of the iris and the prolapse, and by gentle, sweeping movements the iris might be replaced in position even if two or three hours had elapsed since the injury. If the interval was longer the prolapsed part of the iris must be excised before the repository was used.

Mr. T. HARRISON BUTLER
 said that to do the best work both kinds of giant magnet were required, as some cases were more easily dealt with by one and some by the other. He wished to enter a protest against the text-book version, that when once sympathetic ophthalmitis had set in it was of no use to remove the exciting eye. He had generally removed the exciting eye, and if that were done in the early days, many eyes would be saved. It was very important to watch the second eye with the slit-lamp. If there seemed to be any doubt as to an eye threatening danger, he began the treatment for sympathetic ophthalmia before its actual onset, and it was a very useful precaution.

Sir WILLIAM LISTER
 asked how Mr. Pooley excised the septic wound in the sclera, and what instrument he used to cut away the sclerotic.

Mr. G. H. POOLEY (in reply)
 said that for trimming or making scleral wounds he used a very narrow stiff-shanked knife with a short cutting edge. He put that in through the sclera, keeping the point as closely under the sclera as he could, making a ripping movement, and sometimes he used an ordinary pair of specially short squint scissors. With that he could finish the incision.