

taken not to wound the lens, and a sudden escape of the aqueous humour is to be avoided by gentleness of manipulation.

The contents of the anterior chamber soon after their escape coagulate in the conjunctival sac, and form a yellowish gelatinous, stringy mass. This is to be cleared away, and a drop of atropine solution instilled, and a light compress bandage applied, unless there be blenorrhoea of the lachrymal sac, in which case careful and repeated cleansing of the eye is all that is advisable. The effect of the operation is salutary from the very outset, often in a few minutes all pain will have ceased, and the patient will obtain a good night's sleep, the first perhaps that he has had for a long time. The next day the wound will generally have healed, or at least its edges will be sufficiently adherent to retain the aqueous humour, but in addition to the cessation of pain and lessened irritability of the eye, the ulcer itself will often already show changes for the better, the swollen edges will appear less swollen, and of a less yellow colour. The pupil will be more dilated by the atropine than before the operation. If, however, we allow matters to rest in this condition a relapse of the ulceration will almost certainly occur; to prevent this a very simple procedure is all that is necessary. The wound must be re-opened from time to time, say once or twice daily until the healing process is fairly established: that is, until the ulcer has lost all its yellowness and become smooth, the aqueous humour clear and no longer coagulable. The re-opening of the wound is devoid of danger, and causes little or no pain, it is best done with a probe-pointed, lachrymal knife, or a fine probe, in such a way as to separate the edges of the wound in its whole length, and thus permit the contents of the anterior chamber again to escape.

Atropine instillations and the compress bandage may be continued till healing is well advanced.

I have no hesitation in saying that keratotomy performed in this way is one of the most satisfactory operations in ophthalmic surgery, and hardly ever fails to arrest a disease which would otherwise terminate in destruction of the eye; and I am at a loss to understand why it has not met with greater favour in the writings of such men as Brudenel Carter, and Soelberg Wells.