

operation, and the recovery was less satisfactory, rendering a second operation necessary.

According to the experience of Von Graefe, although vision was perfectly restored in all his cases of acute glaucoma where iridectomy was performed within two weeks of the attack of inflammation, he nevertheless considers it much safer to operate in the premonitory stage; he says, "an accident of consequence will rarely occur in the premonitory stage, even when the operation is not quite well performed; on the other hand success may be frustrated in the acute period by internal hæmorrhages, very large retinal ecchymoses, &c., when all precautionary measures are taken."

TREATMENT OF CHRONIC GLAUCOMA AND GLAUCOMA SIMPLEX.

—In most cases of chronic glaucoma and glaucoma simplex, the prognosis is unfavorable. Unfortunately, in these cases, the patients do not apply until the disease has far advanced. If, however, in any case, the *macula lutea* is still the most sensitive part of the retina (the "fixation" being "central"), vision not being very much impaired, and excavation of the optic nerve entrance not marked, iridectomy will generally, at least stay the progress of the disease, and in many cases improve the vision. The improvement that follows the operation in these cases is always very gradual, generally extending over a period of many months.

TREATMENT OF GLAUCOMA ABSOLUTUM.—When, in the later stages of glaucoma, the disease has run its course, and all sight is lost, iridectomy still proves useful by diminishing inflammatory symptoms and relieving severe ciliary pain.

TREATMENT OF GLAUCOMATOUS DEGENERATION.—In the last stage of the disease in which the eye is completely disorganized, it is sometimes necessary to remove the eye altogether in order to relieve the patient's sufferings and save the other eye from becoming sympathetically affected. When this operation is performed, the bulb only is removed; the muscles and conjuction are allowed to remain to form a movable cushion ("stamp") for the subsequent adaptation of an artificial eye.

THE METHOD OF PERFORMING IRIDECTOMY.

In the operation of iridectomy, for the relief of glaucoma, the chief point is to remove a segment of about $\frac{1}{2}$ of the iris, from the pupillary edge quite up to its ciliary attachment,—leaving a pupil of the shape shown in fig. 3. The instruments required for the operation are, a wire speculum to keep the eyelids open, (Laurence's or Weiss' stop-speculum), a pair of forceps to keep the eyeball steady, a lance-shaped knife $\frac{3}{8}$ of an