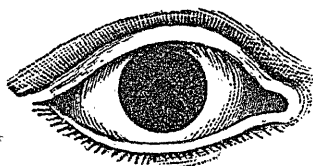


pupillary border, and drawn out only so far as to permit the points of the scissors to pass between the forceps and the corneal surface, when it is snipped off. If the iris does not retract it should be freed from the lips of the wound by passing a blunt probe or point of strabismus hook from end to end, and then, if necessary, stroking the cornea lightly with a "spoon" from its margin over the cut. If the lens opacity be small a shaving off the pupillary edge will likely suffice; but if the clear border be narrow a larger piece of iris must be removed. [Two other operations have been suggested and are sometimes done, namely, *iridesis* and *iridotomy*. In *iridesis* the anterior chamber is entered at its periphery by a short oblique cut, and a knuckle of iris is brought out through a loop of thread which has been put into the conjunctiva, the ligature being then tied. By the traction thus made on the iris the portion on the other side of the pupil from the incision is drawn partly over the central opacity and the clear border of the lens exposed on the same side; but this procedure has several drawbacks. In *iridotomy* one blade of the scissors is passed under the pupillary edge of the iris, which is snipped through; but there is some danger of wounding the lens and making it altogether cataractous. Bowman's plan of pushing a blunt-pointed knife within the pupil and behind the iris, and cutting forwards so as to make a gaping slit is hardly less safe. The method suggested by T. B. Carter, to cut out the pleat of iris that rises between the blades of the iridotomy, when these are laid on its surface, is less risky. On the whole, however, iridectomy done as described is the best operation because the safest and most easy of execution, and the visual result is generally satisfactory.]



ARTIFICIAL PUPIL FOR LAMELLAR CATARACT.

The operation was done on the left eye September 24th, and on the right, September

28th, a notch being made downwards and inwards about half-way to the periphery, and atropine, which had been used previously, continued for a few days.

November 16th. You can now test the result of the operations, which some of you saw done. The effect of the atropine has quite passed off, and the vision has risen to $\frac{20}{100}$, which is better than we expected.

PYRAMIDAL CATARACT.—I have shown you at least two examples of this form; in which there is seen on the centre of the face of the lens a miniature white or pearly cone, which shows plainly in profile. Around the opaque dot the pupil appears black, and the mass of the lens is transparent. The primary cause is perforating ulcer of the cornea or fistula, the contact of the lens with the posterior surface causing localized opacity beneath the capsule; the latter being also drawn out somewhat as the two surfaces separate on the re-forming of the anterior chamber, if adhesion have taken place. In both these cases the nebula from the old ulcer could be seen on the cornea. Operative interference is rarely required.

A white, chalky, or small degenerated lens is sometimes found with excluded pupil, and again with tremulous iris; and in such cases, some of which you have seen, the sight is generally very defective, or lost, not even the lamp-flame being discerned, or part of the field is blind; in such cases there is, as a rule, some disease at the fundus, often of the choroid, and perhaps also detachment of the retina, which would contra-indicate any operation.

TRAUMATIC CATARACT.—Traumatic cataract may be due to jostling of the lens from concussion of the eye-ball, or luxation, the mal-nutrition induced ending in diffuse opacity. This is more apt to occur in mature than young subjects, when the lens has become somewhat firm and its capsule less resilient. It more often results from lesion of the capsule in penetrating wounds of the globe, the aqueous humour rendering the lens tissue turbid. In some instances also, an undetected rent in the capsule occurs without external wound. Once the aqueous humour gets within the capsule, even through a small opening such as is often caused by the prick of a pin, needle, sharp-