

no protrusion of the iris at the time of the extraction, I suppose that the incision in the cornea not uniting in the middle by adhesion, allowed the protrusion of the iris to be effected by pressure of the aqueous humour behind it, which eventually caused the entire closure of the pupil, notwithstanding the most attentive endeavours to prevent it by means with which I have succeeded in many cases of prolapsus of the iris after perforation of the cornea by ulceration. This case, though unsuccessful as a case of extraction alone, may be considered as perfectly successful as an operation for artificial pupil.

To be continued.

Review.

Operation for Cataract, with a fine Needle, through the Cornea. By A. JACOB, M.D., F.R.C.S., &c. Dublin, 1850. Page 36.

THE operation for cataract, so strenuously and enthusiastically advocated by Dr. Jacob in the pamphlet before us, is the operation of keratonyxis, slightly modified by the character of the instrument employed. This operation, or the circumstances from which it originated, we find first noticed by Mayerne in the year 1690; while to Bartette has been attributed the discovery, or first distinct recommendation of it; although neither he nor Gliege, in 1786, appear to appreciate the just advantages of the operation. It was reserved for Mr. Saunders, in England, to perfect the operation, which he appears to have applied especially to congenital cataract. This operation, keratonyxis, which is intended to cause the destruction of the lens and its capsule, by an operation anteriorly through the cornea, has been presented to us with two several indications: the first variety advocated by Consadi, Beer, and Saunders, was merely intended to produce an opening in the anterior portion of the capsule of the lens, so as to permit the entrance of the aqueous humour, and to produce such an injury of the lens or its formative structure as should cause its death. The second variety was recommended by Buckhorn, Langenbeck, Walther, Reisinger, and others of the German school. In this the anterior capsule is broken up, and the lens, completely cut into pieces, is brought into the anterior chamber, floating in the aqueous humour, in which it is to be dissolved and removed by the absorbents. The especial advantage claimed by Dr. Jacob is the delicacy and fineness of the instrument employed in the operation,—a fine sewing needle,—whereby a less amount of injury to the cornea is produced, and the consequent liability to inflammatory action diminished. Here we will let Dr. Jacob speak for himself. At page 11, he says, “If the surgeon determines