line elements, impossible to be removed; and these, acting as extraneous bodies, are a permanent cause of irritation. A simple comparison, drawn from common practice, will plainly illustrate this fact. I mean the delivery of the placenta after accouchement. Every one understands the importance of it, and foresees the danger of a placenta remaining in the uterus. So it is with the operation for cataract. When crystalline elements are left in the eye, the eye is in danger, more or less, according to the quantity of the retained elements, and, cautious as he may be, the surgeon is bound to leave some cortical masses, when the extraction is performed by opening the capsule.

In my opinion, the true operation for cataract is the extraction of the lens with the capsule. By doing so, no irritating spur is left in the eye, and no danger is to be feared after the operation; the healing process is more rapid, and the power of the sight is greater than in any other method.

Some weeks ago, I saw a patient who had been blind for ten years. In the right eye the sight was annihilated, and in the left eye there was a very peculiar form of cataract. Looking at this left eye, it was impossible to see any opacity of the lens in the pupil, but by looking through the pupil with a plain opthalmoscope, a black spot was to be seen. This spot was a cataract, situated in the posterior cortical masses of the lens; it was round, and about three lines in diameter. The perception of light was good, and the patient having been for ten years in the same condition, I proposed the operation, and it was agreed to. Owing to the fact that the anterior part of the lens was *transparent*, it was a very difficult one to perform. As it was impossible to see the opacity in the pupil, it was to be feared that, after lacerating the capsule, the surgeon would be at a loss and unable to finish the operation, as I had observed in a former case. So I decided to remove the lens with the capsule.

The patient having been placed under the influence of chloroform, I made a large incision, upward and in the sclerotic, as in Græfe's operation. Then, without any iridectomy, I proceeded to the removal of the lens, by exerting pressure with the india-rubber scoop on the inferior part of the eye-ball. When the lens was engaged between the edges of the wound, I depressed the iris downward and backward with another scoop, and