—even if made by the most practised operator, with the best assistance, the most enduring patient, or under chloroform—by the use of elevation and fixation instruments. Now its height or breadth is not what it is intended to be; now its position is incorrect, or the wound is irregular—indeed, part of it is due to the difficult form of the incision; but by far the greater part, according to my conviction, is due to the mechanism by which the cuneiform cataract-knife is to make the incision. A small Graefe's knife would make a flap safer and more regular than the various other cataract-knives. The incision which I designed can easily be made, in giving it in every case exactly the desired form and position—even if the patient is very restless—without assistance, without elevator or fixation. It mainly depends on the facility with which the place of the contrapuncture can be chosen, the knife drawn back and made to pierce at another point if a mistake is made in the selection of the place for contrapuncture, and in the freedom with which, in terminating the incision, the inclination of the knife can be changed if necessary.

A little practice will enable every operator to avoid these corrections, and to make the contrapuncture, as well as the whole incision, correctly to his original plan, without subsequent alterations.

4. Against Graefe's method it has the advantage of a more favourable position of the field for the operation, and avoids through it all the inconveniences to which I have referred, as arising out of the peripheral position of the wound.

5. In regard to the mode of healing, it favourably contrasts, like Graefe's method, with the flap-extraction, on account of the diminished influences which age, constitution, general state of health, season, and other causes exert; also on account of the less demand made upon the patient to remain quiet after the operation; and, above all, on account of the lesser tendency to suppuration of the cornea.

6. The advantages of my method over that of Graefe's are shown by the ultimate results obtained, by not showing a greater percentage of total suppuration than in Graefe's method, my best results are in regard to optical and (if I may use the term) anatomical perfection, identical with the best results obtained in flap extraction.—*British Medical Journal.*