

have already been illustrated by several cases; but it should be remarked that, in the majority of instances, inflammatory attacks of varying degrees of severity do occur, with the effect of hastening an untoward result. In a case that first came under treatment in '69, several such attacks have supervened, the patient refusing to submit to an iridectomy.

While the ophthalmoscope may be necessary in such a case as No. 5, a little care will always suffice to distinguish the secondary cataract of absolute glaucoma, as in Case 1, left eye, from uncomplicated cataract. The normal tension, the healthy iris, and active pupil, the degree of sight, and the absence of pain in the history of the latter, would be conclusive.

There seems to be some misconception of the degree of blindness produced by simple mature cataract, that may be adverted to here, as likely to produce mischievous results in practice. The writer has now under his care a patient whose left eye has been stone-blind for years, but was operated on not long since by a surgeon, who couched the lens. In Case 1, left eye, for example, there was a mature senile cataract, but an extraction would have been worse than useless, for the eye was stone blind, and nearly as hard as a marble, and, no doubt, the nerve was in the condition shown in Fig. 2, page 562. The vision of the right eye, in Case 5, was perhaps more defective than is usually the case in simple cataract; and, as a general rule, in cataract, no operation should be done, simply with a view to restore the sight, unless the patient can discern a lamp-light in a darkened room, or the daylight streaming through a window, and the motion of an object between the eye and the light. The field of vision is very often curtailed in glaucoma, especially on the nasal side, so that we can often get useful information by testing a patient's vision with a lamp, in a dark room, or with a piece of chalk and blackboard—as in Case 4.

In connection with case 1, it is worthy of remark, that the symptoms of sympathetic gastric disturbance, nausea, vomiting, &c., occurring during an attack of acute glaucoma, have not unfrequently been regarded as pointing to a bilious attack. and it would perhaps be advisable, in cases of suspected bilious disorder, in elderly persons, to examine the eyes, if any complaint is made regarding them.