performed within two weeks of the commencement of the acute attack, and while the patient retains considerable vision (sufficient to enable him to count fingers at a short distance from the eye), the prognosis is quite favourable. The ciliary pain is usually relieved at once by the operation; the symptoms of irritation recede without any other treatment; the turbidity of the aqueous and vitreous humours rapidly disappears, and vision usually commences to improve from the first.

Mrs. Houghton of Stratford, aged 55, was sent to me by her physician Nov. 12th 1862. She had the symptoms of acute glaucoma in both eyes; abnormal tension, dilated pupils, ciliary neuralgia, etc., etc.; the ambly-opia was almost total,-being unable to distinguished fingers at The vitreous humour was too hazy to admit of an ophany distance. thalmoscopic examination. The pain and other symptoms of acute inflammation had somewhat subsided in the left eye, but the blindness still remained. The left eve had been affected four weeks, the right but ten days. The only premonitory symptom noticed by the lady was the fact that for a short time before the acute attack, she had been obliged to change her reading glasses for stronger ones. As no time was to be lost I operated npon the right eye the same day (the 12th), making the iridectomy upwards. There was some hæmorrhige into the interior chamber. In five days the pain on that eye had ceased, and the anterier chamber was free from blood ; an the ninth day she could read No. XX. of Snellen's test types. On the 26th, I operated upon the left eye,-making the excision of the iris upwards. Some haemorrhage into the anterior chamber followed this operation also. In two weeks all pain had ceased, and with that eye the patient could see the cross-bars of the window at a distance of about five feet. Six weeks afterwards I again saw her; the right eye had continned to improve from the first; she could read ordinary type with the aid of her glasses. The left eye, however, had not progressed so favourably; there was still abnormal tension, and vision was indistinct. I then evacuated the aqueous humour by making a radiating incision (in the direction from the pupil) transversely through the cicatrix of the last operation.* About a year afterwards (January 1864), Mrs. Houghton's son reported that her sight was perfect in both eyes, and that she was then able to read without spectacles. In this case iridectomy was performed on the right eye ten days after the out break of the acute attack,--resulting in perfect restoration of sight in that eye in six weeks. In the left eye, six weeks had elapsed before the

^{*} In a report of this case published in the American Medical Times July 23rd, 1864, this operation is spoken of as "division of the ciliary muscle."