

nucleus there is a gray zonular lamella, which encases the latter as in a shell of ground-glass, transmitting some light, and therefore not wholly opaque. The less transparent the central parts of the lens, the more dim the sight. With a little manœuvring the optic disc, retinal vessels, &c., can be seen on using both lens and mirror.

You now learn the real nature of the apparent short-sightedness and have the clue to the proper treatment. The patient's sight only permits him to do rough work, but by partly closing his eyes the pupils expand, and a little of the transparent cortex is exposed, when by looking obliquely the sight is for the nonce much improved. Now as the margin of the opacity is well defined, and the lens periphery is clear and not studded with opaque striæ or dots, showing that the cataractous process is at a standstill, the removal of a piece of the iris is indicated; in other words, a small *iridectomy* for *artificial pupil*, so as to uncover in one meridian the clear cortex without going beyond its outer border. This will give permanently the visual acuity got by dilatation of the pupil, the gain in sight far outweighing the slight disfigurement; while mydriasis, which has several drawbacks, cannot very well be kept up always. When the opaque striæ and dots are found reaching to the lens margin and mydriasis does not improve the sight, the affection is likely progressing, and iridectomy is of course contra-indicated. Removal of the lens by needling or linear extraction will then be required. The coloboma (artificial pupil) should be made preferably inwards or in the lower inner segment as the rays of light will then enter the eye most nearly in the line of the visual axis; but if the clear margin is broadest below, the pupil should be made downwards, or downwards and outwards.

As the subjects of this trouble generally try to improve the definition of objects by bringing them unduly close to the eyes or bending the head over them, spasm of the accommodation, and lateral compression of the eyeballs from tension of the recti, are apt to ensue, which early in life frequently produce abnormal depth of the globes, the anatomical condition of myopia or true shortsightedness.

And owing to the excessive tonic contraction of the internal recti, convergent squint may develop; or the physiological visual impulse being wanting, one eye may roll out if the external rectus predominate, or nystagmus (oscillation of the globes) may result. In this instance there is little or no squint, but there is some amblyopia, or defective sight, from functional disuse of the retinae.

If lamellar cataract be detected at an early age the pupil should be dilated so as to find out the area of the opacity, and the eye examined a few months later to learn if it be increasing; but if there be any sign of developing squint or nystagmus, the pupils should be kept dilated, or an iridectomy done if the degree and nature of the affection are evident. Amblyopia will thus be warded off and the other secondary effects likely prevented. [Florence R., æt. 2½ years: when one year old a "gray spot" was noticed behind the left pupil, and a "cast" appeared soon after. Diagnosis—single, lamellar cataract, the cortex clearest below; secondary convergent strabismus of left eye. Treatment:—small iridectomy downwards and slightly inwards. Ten months later the squint had almost gone.] Lamellar cataract is presumably congenital, though it may not be always so. In the case of the infant, F. G., whom some of you examined lately, the lenticular opacity was seen by the attending physician a week after birth, but in this instance it was single, while, as a rule, it occurs in both eyes. It is found in children who have had convulsions, but possibly both conditions result from the same centric cause; and also in subjects of hereditary syphilitic (strumous?) taint. This lad has "rachitic" teeth, prominent frontal bosses, &c., which are suspicious indications of this diathesis.

In iridectomy for *therapeutic* ends, as in glaucoma, &c., the segment of iris is taken away up to the ciliary border, often a large piece, one-sixth to one-fourth being excised: in that for *artificial pupil*, which is for optical purposes merely, as in this case, the aim is to remove as little of its tissue as will give the best visual result. Hence, the cut in the cornea is made short and a half-line from its margin; the iris forceps being then passed in and a narrow portion of the iris seized near the