

same time a small incision in the lower part of the iris, and then, with Maunoir's scissors, divided the iris vertically, by which a good sized pupil was formed. Through this opening a small opaque substance was extracted, but the wounded iris bled freely, the anterior chamber was soon filled with blood, so that nothing further could be seen as to any remains of the cataract. Some vitreous humour and some blood escaped through the opening in the cornea. Cold water dressing to be constantly applied over the eye.

June 9.—(Twenty-four hours after the operation.) Slight pain in the eye.

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June 12.—(Four days after operation.) No pain in the eye.

July 13 (five weeks after operation.) The cornea and aqueous humours were quite transparent, and a good artificial pupil extended from the centre to the lower and outer part of the iris; but behind this opening was seen the remainder of the cataract.

August 22 (nearly eight weeks after operation.)—The eye had for some weeks past been very irritable, for which blisters to the temple, behind the ear, and to the neck, had been applied without permanent good, and he was now sent into the country for change of air. The remains of the cataract were still visible, and his sight not in any degree restored by the operation.

October 23 (between four and five months after operation.)—I found what appeared to be a piece of opaque capsule in the artificial pupil, and adherent to the cornea. With Scarpa's needle I endeavoured to detach it from the cornea, but failed. On pressing backwards the opaque substance with the needle's point, the force also carried back the cornea, so firm was the adhesion. He left the hospital without regaining the least vision, and I believe the eye became eventually disorganized.

The prognosis in this case was unfavourable—first, from the changes which had taken place in the iris; and secondly, from the probability of the retina having been involved in the first inflammation.

Case 9.—Cataract of both eyes. (Capsulo-lenticular of left eye, lenticular of right). Perception of light good. Not complicated with any other apparent structural change. Extraction performed on both eyes. Prognosis favourable.

John McNicholas, *æt.* 58, was admitted into the Toronto Hospital, June 29, 1848. He stated that he had been longest blind of the right eye, the sight of which began to fail more than two years before his admission, and had been quite useless for the last year; and the left eye, he said, had been useless for the last three or four months. He could readily perceive the passage of an opaque body between either eye and the light, and the pupils contracted and dilated freely in different intensities of light.

July 4.—The pupils being very little dilated by the belladonna