

6. Those grave forms of iritis which are sustained by the permanent irritation caused by the tumefied remainders of the lens behind the iris.

Of those disadvantages I was perfectly aware after I had followed for a short time Graefe's original plan, and I proposed, therefore, in 1867, in an article on Cataract which I wrote for the *Nouveau Dictionnaire de Médecine et de Chirurgie* (Paris, Baillière), some modifications. They are, however, but the first step I made, and in the last four years I have come, by a large series of systematic experiments, to a method which I now, after more than three hundred operations performed in this manner, consider definitely settled.

The incision of the cornea is to be made with the smallest possible Graefe's knife, in the following manner.

Puncture and contrapuncture are made in the sclerotic about one millimetre beyond the cornea, the whole remaining incision passing with a very slight curve through the cornea, so that the centre of it is about one millimetre and a half distant from the margin of the cornea. This incision can be made upwards or downwards, with or without iridectomy, and the lens can be removed through it with or without the capsule.

If, as I now practise, the extraction is made downwards without iridectomy, the whole operation is reduced to the greatest simplicity, and does not require narcosis, assistance, elevator, or fixation; and only two instruments—namely, Graefe's knife, and one cystotome, with Daviel's spoon.

What are the advantages of this method of operating?

1. It is undoubtedly of all methods the simplest and least painful.

2. It is unconditionally the easiest to perform, and requires the least practice. It may, therefore, be performed by those operators who from time to time only have an opportunity of doing so, and those patients benefit by it who are unable to reach a central point in order to place themselves in more practised hands. On account of the greater facility of operating, the last pretext for reclamation of cataract is removed, which, although universally and justly condemned, is still here and there performed.

3. It is preferable to the flap-extraction, on account of the safer and constantly regular incision. The flap-incision scarcely ever acquires the regularity which may theoretically be demanded