

cases, saving the sight of the eye, which would otherwise have become completely blind."—(*J. S. Wells.*)

III. TREATMENT.

In cases where glaucoma is left to take its course, or not properly treated, the prognosis is most unfavourable, as the disease, sooner or later, leads to complete destruction of vision. It having been demonstrated that all the symptoms of glaucoma depend solely upon excessive intra-ocular pressure, the treatment must be directed to this point. Iridectomy having been proved to relieve (in most cases permanently) abnormal tension of the eye,—all other modes of treatment having failed,—this operation is now adopted by most of the distinguished oculists throughout the world.*

TREATMENT OF THE PREMONITORY STAGE.—Von Graefe hesitate for a long time before performing iridectomy in the promonitory stage of glaucoma for the reason that between the intermissions of the attacks, the vision is still acute. Even now, in cases where the attack of the premonitory symptoms is mild in its character, and does not impair vision, and the intermissions are months in duration, he does not consider an operation advisable. Such patients are simply warned against excessive use of their eyes, and against excesses of any kind. Iridectomy is more especially indicated in this stage of glaucoma, when one eye is already blind from this disease; and the other is threatened; in such a case, Von Graefe resorts to the operation as soon as the premonitory symptoms become well marked, and especially if the attacks are accompanied by indistinctness of vision. The operation is also recommended in cases where the premonitory symptoms occur at short intervals, and an attack of acute glaucoma seems imminent, as well as in cases where the disease seems to be passing gradually, and perhaps almost imperceptibly, into chronic glaucoma.

TREATMENT OF ACUTE GLAUCOMA.—Von Graefe at first endeavoured to alleviate the symptoms of acute inflammatory glaucoma by antiphlogistic treatment, opiates, &c.; but at a later period he became convinced that, notwithstanding the violence of the inflammation, it was better to perform iridectomy immediately: "for it is especially under these circumstances that any delay is dangerous, and the operation itself is the most certain treatment of the inflammation." If the operation is

* Mr. Hancock, of London, recommends an operation which he calls *division of the ciliary muscle*, for the relief of intra-ocular pressure; but it is considered to be both an inefficacious and dangerous remedy,