

varieties of congenital cataract. In capsulo-lenticular cataract it may be used occasionally with considerable advantage; but in the tough capsular cataract, or in the hard lenticular variety, it is most markedly inapplicable. In the first from the impossibility of cutting up the tough membrane through the cornea, so as completely to isolate it from its connexions in the eye, whereby it may be dissolved and removed. In the second variety, the hard amber-coloured lenticular cataract, from its dense and firm structure, presenting a so much greater impediment to its solution and absorption, by far greater risk that dislocation of the lens may occur from its capsule, during the operation, rendering extraction from the anterior chamber imperatively necessary, or obliging us to depress the hard and insoluble body into the vitreous humour, an alternative both difficult and dangerous.

The true position of the operation of keratonyxis with regard to the cure for cataract may, we think, be summed up in the following manner:—

- 1stly—That, when properly performed, it is comparatively free from danger to the eye.
- 2ndly—That it is easy of application, and may be most readily (of all the operations for cataract) undertaken by an inexperienced person.
- 3rdly—That all the different steps of the operation are submitted to ocular demonstration, and (when the pupil is diluted with belladonna) are clearly visible to the eye, so that we can scarcely fail to produce the effect we desire.
- 4thly—But that it is the most tedious in its cure, often wearying the patience of those submitted to its operation, producing dissatisfaction, and want of confidence in its results.

Simple, and comparatively free from danger, as the operation of keratonyxis is proved to be in the experienced hands of Dr. Jacob, he has, however, not failed strenuously to advocate a strict attention to a preparatory course, prior to commencing the operation; convinced of the accuracy of his most judicious advice to all who contemplate to operate for cataract, we cannot do better than to commend his remarks to their especial attention.

We can here add but little to these directions, save that it is always advantageous to study the constitutional peculiarities of the patient; and if we find a scrofulous, rheumatic, gouty, or venereal diathesis to prevail, to use the means most likely to relieve his peccucular condition, before commencing the operation.

We have thus fully considered the pamphlet submitted to our consideration, and feel we can strenuously recommend it to the consideration of our professional brethren: convinced it is well deserving a careful study, and will embolden many a sur-