part did well. Six recovered without any drawback except a small quantity of lens matter left in pupil in three of them.

Three suffered from slight Iritis.

One from severe Iritis.

Two lost vitreous, but left the hospital progressing favourably.

There is such a vast array of circumstances capable of influencing the result in cataract operations that even the bare mention of them would occupy more of your valuable time than I could ask you to spare, but if the statistics I have just given serve to show anything, it is that the mere choice of operation is on the whole of no great moment, and I have been surprised to find so little difference in the gross results obtained by different methods, as recorded by other observers. For instance, in Arlt's statistics the variations from year to year in any of the three operations which he has practiced most extensively, are often much greater than the difference between the sum total of results in each. Nor is the fact of having obtained 5 per cent. more good results in the total of his linear operations to be regarded as conclusive evidence in favor of this method, since most of his flap operations were performed between 1856 and 1865, but all his Gräfe extractions were done between 1866 and 1873, during which time, according to his own statement, great improvements have been made in his ophthalmic wards.

If, then, there is nothing much to recommend one operation more than another for universal application, how are we to obtain better results in future?

I think there are at least three ways open, to further improvement.

The first is by paying greater attention to the details of of the operation chosen; for instance many cases are prevented from doing well by the presence of lens matter, blood, &c., in the eye after the operation has been completed. Then there is the great question of anæsthetics. Some operations fail because the anæsthetic works badly, others,