results which Mesers Bowman and Critchett had obtained, submitted the question to further studies, and so formed the method which is now generally adopted in England and on the continent.

There are numerous statistics to show that in Graefe's mothod there is a much smaller percentage of total supparation than in flap-extraction; also that, even in cases of very bad general constitution, weak and marastic individuals with thin and flabby cornea, the progness is not so unfavourable as in flap-extraction; and the precautions we have to take after the operation, and the restrictions we have to impose upon the patient are not so great.

On account of these advantages of Graefe's method, it was natural that the flapoxtraction was soon abandoned. To me, however, it appeared that the mechanism of Graefe's operation was still too complicated and violent, that prolapse of the vitreous body and homorrhage into the anterior chamber were too frequent during the operation, iritis and strangulation of the firis in the corners of the wound too frequent after it, and that the most favourable results, compared with the most favourable results, more not perfect cough.

If these inconvenences be carefully inquired into, it is found that they can all be brought back to one and the same principal cause—namely, peripheric position of the incision. This peripheric position explains why—

- 1. It is impossible to remove the lens without iridectomy.
- 2. The excision of the iris is to be large and extensive, else it causes too great an inclination to prelapse of the iris.
- 3. It is necessary to perform the operation above, so as to cover a part of this large pupil by the apper cyclid. The removal of the lens upwards is by far more difficult, on account of the tendency of the eye to escape upwards, and, consequently,
- 4. During the whole operation, the eye has to be kept open by the speculium, and to be drawn downwards by the forceps. This is not only painful and injurious to the eye itself, but causes
- 5. Not unfrequently, prolapse of the vitreous body, to which a peripheral incision itself already tends. Prolapse of the vitreous body and hemorrhage into the anterior chamber are the chief impediments to a carotal removal of all the debris of the cortex, and cause—