

forced by the recti muscles through the pupil, and into the wound in the cornea, from which I extracted it readily with the scoop. The lens before the operation, when seen in its normal position, appeared of a greyish colour, but when extracted was seen to be light amber, which circumstance is not unfrequently met with. The consistence of the lens was not hard, but moderately firm. A small portion of it broke off at the time of its extraction.

Cold-water dressing was constantly applied over the eye, and the patient kept in a darkened room. Twenty-four hours after the operation, the pulse was 96, but he had not experienced the least pain.

Forty-eight hours after operation the pulse was seventy-two, and the eye had been quite free from pain.

Aug. 19.—(Five days after operation.) I examined the eye, the patient having had no pain or other sign of inflammation since the operation. The incision in the cornea was well united, and scarcely visible, and the sclerotic conjunctiva very slightly injected. In the pupil on the nasal side, there was a very small piece of the lens remaining. He could however distinguish even small objects.

October 24.—(Ten days after operation.) The conjunctiva was still very slightly injected. He had suffered no pain or inflammation in the eye operated on, and its vision very good, the pupil when dilated with Belladonna being a clear bright black, except where the very small piece of lens was seen on its nasal side.

Oct. 15.—(Two months after operation.) I saw the patient, and found him capable of reading (with the eye operated on) very small print, a foot distant from the eye, using a cataract glass of about three inches focal distance. He stated to me, if I recollect rightly that there was no confusion of vision when he used both eyes at the same time.

*{ To be continued. }*

ART. XLI.—*Two cases of Fistula in ano, treated by injections of the Tincture of Iodine.* By EDWARD M. HODDER, M. C. and M.R.C.S., England.

Much has of late been written on the cure of fistulæ in ano; yet, in all the methods recommended, the division of the sphincter muscle appears to be absolutely necessary.

To obviate the dangerous hæmorrhage which too often followed the use of the knife, Mr. Marshall, of University College Hospital, has proposed the use of a platinum wire made red hot by a galvanic battery, to divide the textures, and which he states is accomplished "as surely as with a bistoury, and without causing any, or but a very trifling, hæmorrhage."

The result of this operation appears to have been satisfactory,