

This class of treatment is not restricted to opacities that are raised. So long as we have tolerable assurance that the loss of transparency of a part of the cornea is due to deposit of earthy material, there can be no reason against operating, although such deposit does not interfere with the natural outline of the part. At the same time, the opposite state renders diagnosis more certain, inasmuch as it goes to prove that there is some material superadded. Nor does the practice end here; it has been applied to opacities the result of cicatrices from loss of substance of the cornea, or from opaque deposit, the consequence of inflammatory attack. Mr. Wells saw Malgaigne perform his second operation, of paring opacities of the cornea, as follows:—He made an incision above the upper edge of the cornea, and divided the external laminae. He then fixed the edge of the opaque portion with fine forceps, and on raising it, this peeled off very easily, and the separation was completed by another incision round the lower edge. Mr. Wells saw the first patient upon whom M. Malgaigne had operated six months before, and the cornea was perfectly transparent.

You should realize to your mind that this application of practical surgery has reference to a portion of the eyeball, about the thickness of one's thumb nail, and to separate the component parts of which, even on the dead eye, demands exquisite manipulation.

Let us now enquire into the conditions essential to the success of scraping the cornea. It is necessary that that portion of it posterior to the operation, do retain its transparency, and that the repair of the injury inflicted by the instrument be effected by transparent material. I strongly suspect that the perfection of repair differs in the two instances of loss of structure from ulceration and from wounds, being by far more complete in the former. That a breach by ulceration, provided it be small, which will penetrate far into the laminae,—may even go through them,—may under favorable conditions be filled by a material in no respect inferior in transparency to the original structure, while the removal of any of the laminae by art, or the separation of them, must be attended with the greatest risk of opacity, and that in proportion to the extent of the wound. It is said that Malgaigne sought to convince himself of its practicability by removing laminae from the cornea of animals, and obtained success that encouraged him to operate on man. The chance of inflammation of the cornea supervening on any of these operations, and so spoiling that which had been transparent, must be taken into the general account in deciding on the mechanical treatment of opacities. The dread of this was the reason of my proceeding cautiously and in so piecemeal a manner. I have nothing to regret from my caution. But slight action followed each application of the gouge, and the effect so caused passed off in two or three days. It is probable, judging from the results of the operation, that the instrument never penetrated beyond the anterior elastic lamina. The restoration of epithelium, always rapid in slight abrasions of the cornea, was quickly effected.

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