cause severe inflammatory complications; the lens becomes swollen, and by its contact with the iris and ends of the ciliary processes causes inflammation of these structures.

Each case of cataract must be treated upon its own merits. In addition, it will often be found advisable to remove the softened lens by "linear incision," or by "suction;" but in the case of adults, the glaucomatous complication must be relieved at an early day by iridectomy.

IRITIS.—If, during an attack of iritis, the pupil is not kept constantly dilated with a strong solution of atropine frequently applied,* there usually results more or less extensive adhesions of the iris to the capsule of the lens (posterior synechia). These adhesions act as a constant source of irritation, and sooner or later develop a chronic or recurrent iritis. With each attack of inflammation, the pupillary margin of the iris is adherent to the anterior capsule (synechia posterior totalis, and called by M. Graefe "exclusion of the pupil.") After the whole of the free edge of the iris becomes adherent to the capsule, the eye usually becomes glaucomatous; the aqueous humour being secreted in the posterior chamber, the iris is pushed forwards; the ball becomes abnormally hard; and if there is a clear pupillary space of sufficient size to admit of an ophthalmoscopic examination, the optic nerve is found cupped. Iridectomy acts beneficially in this form of glaucoma, not only by relieving intra-ocular pressure, but also by restoring a communication between the anterior and posterior chamber, and by giving the patient an artificial pupil.

POSTERIOR STAPHYLOMA.—In my introductory remarks on the optical defects of the eye, I drew attention to the fact that in cases of "short-sightedness," where the myopia exceeds $\frac{1}{5}$ (the "far point" being less than 5 inches from the eye), there usually co-exists staphyloma of the sclerotic coat at the posterior part of the globe. With the ophthalmoscope, the staphyloma is seen forming a brilliant white crescent round the outer edge of the optic nerve-entrance, and between it and the *macula lutea*. In such cases vision does not generally become impaired, unless the staphyloma involves the yellow spot of Soemmerring, or becomes complicated with detachment of the retina. Apart from these causes, however, the eye may become glaucomatous, the acuteness of vision becoming impaired, the eyeball abnormally hard, the pupil dilated, and the optic nerve entrance excavated. "Iridectomy proves also beneficial in these

* In treating cases of iritis, the pupil must be promptly dilated with a 4-grain solution of atropine, applied at first every half hour; and the pupil should be kept widely dilated for two or three weeks after the inflammatory symptoms have disappeared.