

wards, and the wounded lens, if not sufficiently soft and opaque to be extracted when first seen, may subsequently require to be removed either partially or completely.

If, in the course of two or three weeks, the condition known as chronic iridocyclitis should appear, excision may still be avoided by substituting resection of the optic nerve or evisceration of the eye-ball, either of which would, especially in young persons, be preferable to enucleation of the globe. Of the two procedures I decidedly favour resection of the optic nerve if the condition of the injured eye is such as to indicate grave danger of sympathetic ophthalmia, more particularly if at the same time the eye bids fair to retain a presentable appearance. On the other hand, evisceration and the insertion of an artificial vitreous might well be done when the anterior part of the eye-ball has been greatly damaged, and when with a lost and collapsing eye a sufficient time has not elapsed to endanger its fellow.

With regard to resection of the optic nerve not protecting the sound eye against sympathetic ophthalmia as efficiently as enucleation, the opponents of the former operation claim to have seen sympathetic ophthalmia follow resection of the nerve, and hence they say the operation is not to be depended on. I answer, the same is true of enucleation. Where is the ophthalmic surgeon of long experience who has not seen sympathetic ophthalmia break out several days or weeks after enucleation. Let us, then, be fair in our judgment of the more scientific and more humane operation, at least until wider experience has pronounced against it. Let us be certain, too, that bad results are not due to badly performed operations. Every one knows how much the result of any surgical operation depends upon attention to detail. For some years past I have always endeavoured to repair wounds of the eye, no matter what their situation or extent, if there appears to be reasonable prospect of preserving a presentable looking eye. If after two or three weeks there seemed to be real danger of sympathetic ophthalmia, I have resorted to resection of the optic nerve in preference to enucleation, and I have not once been disappointed in the result. In performing this operation I pay the most scrupulous attention to antiseptic precautions, first washing the face, and especially the eyelids,