

spasms of muscles of the face, trunk and extremities, on some days occurring many times in the course of the day. There was probably some cerebral disease, causing both the amaurosis, and also the convulsions and spasms.

The prognosis in this case was unfavourable, for the same reasons which rendered it unfavourable in case 3; but as in that case the operation was successful, so far as an operation could be, i. e., it removed all impediment to the passage of light to the retina.

Case 5.—Cataract (Capsular) of right eye, complicated with diminution and altered form of the cornea. Left eye quite amaurotic. Prognosis very unfavourable.

John Duffy, æt. 52, was admitted into the Toronto Hospital, April 27, 1847. The cornea of the right eye was about half its normal size, very prominent, and uneven from the cicatrix of a wound across its upper part, but still transparent. Behind it there was very little iris visible, but an anterior capsular cataract of a dense pearly-white. With this eye he could perceive the passing of a small body between it and the light, not distinguishing the body, but only the diminished light caused by its passage before the eye. No perception of light remained in the left eye. He was admitted for operation, being told that there was little prospect of improvement in his vision.

April 22.—I made a section of the lower half circumference of the cornea (of the right eye), and on endeavouring to extract the opaque capsule, I found it so firmly adherent that I could not detach it, even after piercing it and seizing it with fine hook forceps, and using a degree of traction which drew the anterior part of the globe forwards. The capsule was so hard that when I pierced it with the knife it produced a crackling sound as if ossified. Some dark amber-coloured fluid escaped, and all attempts at extraction were ineffectual. Cold-water dressing was constantly applied over the eye for four or five days, and no pain or inflammation followed the operation. He left the hospital on the 22nd of May, twenty-three days after the operation, without any alteration as to vision in the eye operated on. The prognosis was unfavourable in this case, 1st, on account of the changes which had previously taken place in the cornea and iris; and secondly, on account of the amaurosis of the other eye.

Case 6.—Cataract (lenticular) of left eye. Perception of light good. No complication. Vision of right eye unimpaired. Extraction. Prognosis favourable.

This patient, Mr. A., was sent to me by Dr. Cobham of Trafalgar. I directed him to live on a spare and unstimulating diet for ten days or a fortnight, and then to return for operation.

Aug. 14, 1847.—I made a section of the upper half circumference of the cornea, the pupil being moderately dilated with Belladonna. Immediately the section was completed, the lens was