

weeks when a small button of vitreous protruded, and shortly afterwards the eye suppurated. The fourth and fifth lost vitreous, and the lens was extracted with difficulty by means of a scoop. The sixth was due to an injury to the eye several days after the operation. The 7th was caused by a detached fragment of iris left in the eye. In the 8th, nucleus of lens was probably not extracted. The 9th perished by suppuration, beginning in edges of the wound. Four others went wrong without any ostensible reason.

Vitreous escaped during the operation or before the bandage could be applied in twenty-seven cases.

Two of these perished as just stated, by acute Panophthalmitis. Eight recovered without further complication. Nine suffered a good deal from inflammatory reaction, but made a fair recovery. In two cases the vitreous was cloudy, but condition of eye otherwise favorable when discharged. In six the reaction was so severe that the eyes were practically lost.

Three eyes perished from intra-ocular hæmorrhage, probably caused by vomiting after the anæsthetic used.

The results obtained in the seventy-five cases of extraction by the oblique corneal method stand as follows :

Forty recovered without any serious drawback. Seventeen recovered with anterior synechia, of which in nine the synechia was partial, in five it extended all along the line of incision, in three it was also complete, resulting from prolapse of the iris.

Four suffered from severe iritis, but made a good recovery.

Four Recovered with closed pupil but good perception of light.

Five lost vitreous and also recovered with anterior synechia, in one of these the lens was removed with a scoop and a good deal of iritis ensued.

Five perished by acute suppurative panophthalmitis.

The upward incision was made in every instance, with three exceptions.