progresses, it causes irritation of the capsule, inflammatory action is set up, lymph is deposited, the capsule by degrees becomes opaque, after a time the absorbed vessels are called into action, the superabundant liquor Morgagni is at first removed; after which the lens itself is submitted to their influence, and in process of time, (sometimes a considerable period) we find only a fragment of the lens remaining—and eventually nothing but the thickened and opaque capsule is left behind, constituting the hard coriaceous cataract. That such is the progress of traumatic cataract, is confirmed by observation on those cases when the capsule is but slightly wounded; and even when complete dislocation of the lens from its capsule occurs, sufficient testimony or confirmation of these facts may be learned. Any person who has closely watched the progress of congenital cataract, must be convinced of its great analogy, and strict accordance in all its changes with the foregoing events.—The history of the one is the description of the other, differing only as to the period of its occurrence; indeed it is no more or less than traumatic cataract, caused by some pressure or injury to which these delicate parts are submitted during birth. These facts I fully pointed out in my manual of the Anatomy and Diseases of the eye, published in 1828.

There is a variety of congenital cataract that appears to depend upon the partial deposition of lymph upon the capsule previous to birth; this may be centrical or otherwise diversified, remaining stationary through life, and often causing but trifling inconvenience or deformity. One case of this description presented itself in a woman 25 years of age.

In the treatment of cataract the operation of reclination was performed in three cases; in two the success of the operation was complete without any subsequent inflammation, but in one a considerable amount of opacity of the capsule supervened, and required subsequent removal. The two cases that succeeded were soft lenticular cataracts, apparently uninfluenced by any constitutional peculiarity; but in the third case the patient had previously lost one eye from rheumatic inflammation; and although there did not appear any affection of the capsule previous to the operation, this was felt evidently more firm than in the preceding cases; and a subsequent attack of inflammation which produced the capsular opacity was evidently of a rheumatic character. Proper precautions had been taken to treat the constitutional peculiarity prior to any attempt at operation, or undoubtedly the inflammation would have been sufficiently intense to have destroyed the eye. In the cases of congenital cataract, the opaque capsule was freely divided by the needle, and the soft lens cut up; in one case it was necessary to separate the adhering portions of the capsule a second time; the separated parts were however absorbed by degrees, and left the pupil perfectly clear.