

passed within the pupil so that the flocculent lens matter might the more easily escape along its groove. When the pupil had become clear, the eye was closed with straps; and cloths wet with ice-water were ordered to be applied. The next morning the wound had closed, the aqueous humor had been re-secreted, the iris was in about its normal plane, the pupil was dilated and regular; and the eye was free from pain, but moderately congested. The patient was allowed to get up, the eye being kept covered: sol atropiæ sulph. gr. iv. ad ʒj. to be instilled every three hours. July 9th. The pupil is fully dilated and pretty clear; patient can see distant objects. The eye was kept under atropine, and on July 19th, vision, V., with + 4 lens = $\frac{1}{8}$. August 28th. The posterior capsule appearing translucent was divided with the cataract needle; atropine being applied before, and also used for some days afterwards. September 4th. With + 3 $\frac{3}{4}$, V. = $\frac{1}{8}$, and with + 2 $\frac{1}{4}$ fine print can be read.



LINEAR EXTRACTION.

By *linear* extraction the process of removing soft cataract is reduced from a period of months to that of weeks, or even days,—a great gain in many instances: and it is especially indicated in subjects of thirty or thirty-five years in whom the nucleus is somewhat firmer than in adolescents. It is, moreover, a pretty safe operation, though less so than keratonyxis. The preliminary needling, which should divide the capsule and disturb the lens matter much more freely than is done in ordinary needling, is required in order that the lens tissue, which is glutinous and coherent, may by the action of the aqueous humor become flocculent, and also somewhat diffuent so as to escape readily through the cut, and not remain adherent to the iris, setting up iritis. The interval allowed in this case was longer

than needed for this effect, and five to ten days generally suffice. The pupil should be kept fully dilated, for if it be allowed to contract, iritis will likely be set up, and adhesions form; the risk of the operation will be increased, and iridectomy will be required. The tension should be daily tested, for if the globe become hard, or much irritation ensue, the lens should be removed without delay. The operation is most easily done when the incision is made at the outer part of the cornea: the resulting linear cicatrix can hardly be seen in this case, and is generally not noticeable. If the iris should prolapse or be bruised during the operation, a portion should be removed. So-called secondary cataract is apt to occur, and dissection with the needle should be done as after ordinary extraction.

Suction is sometimes practised in linear extraction through a hollow tubular curette, the curved eyed end of which is passed through the incision after laceration of the capsule and kept buried in the lens, gentle aspiration being made through a short piece of tubing attached to the free extremity. A piston syringe, devised by Bowman, is also employed for the same purpose. Much care should be taken when suction is used; and the ordinary and older method is yet more frequently followed.

(To be Continued.)

HYDROPHOBIA.—The observations of Gowers and Coats on hydrophobia, that the white blood-corpuscles travel through the walls of the bloodvessels freely, together with those of Binz, that quinine arrests such movements of white corpuscles, have led to the employment of quinine in large doses, together with bromide of potassium, in at least one case of hydrophobia, with the effect that while one of the persons bitten by the same dog has died, a second who was taken ill a few days later was put on this plan of treatment, with the effect that seven days after active symptoms had set in he was not worse, but alive, and even somewhat better. It will not do for me here to allude further to what is being done by the commission to enquire into hydrophobia; but there are good grounds for believing that really valuable results will follow from the present careful examination into the maladies of animals, and those in man caused by animals.—*J. Milner Fothergill, in Philadelphia Medical Times.*