

Half the battle lies in making a good section—if this is properly done, everything else is easy. Therefore have conditions such that you are at ease, in a sitting position, with the patient's head lying not more than 12 inches below the operator's eyes, with perfect control over and at ease of your hand. This cannot be secured with the patient lying in bed and the operator leaning over him with every muscle tense. An ordinary table brings the patient too high, but a table about 26 inches in height fulfils these conditions for the average operator. Most sections are made too small. The accompanying illustrations, from a noted work by a noted operator, shows how the counter-puncture should *not* be done. The latter is much higher than the former—the lens will not present and the wound must be enlarged by scissors or Graefe knife. Enter the knife slightly above the mid horizontal line of the cornea and make the counter-puncture at a *corresponding* point on the inner side, *i.e.*, section, almost one-half the circumference of the cornea. Hold the knife like a pen, lying upon the index and middle fingers and secured above by the thumb. The ulnar side of the hand should rest upon the patient's head, and the section made with a finger and not with a hand movement. In this way the point is absolutely controlled. The section should, if possible, be done in two movements—from point to heel and vice versa—cutting out very slowly. Sawing movements cause pain and imperfect co-aptation of the lips of the wound.

During the days following the operation, if the patient does not complain, rest assured he is doing well—"no news is good news" in eye surgery.

A watchful attendant should be on every case, day and night, for the first ten days. I well remember how this was brought home to me upon one of my first extractions. I had operated upon an old German lady of 76. She was doting, but her friends, who brought her to me, said nothing of the matter. On dressing the eye on the third day everything was well and I remarked we would soon have her sitting up. The next morning, on returning from a distant call, I found my brave German lady up, dressed, downstairs, and sitting out in the backyard, facing a blazing July sun, on one of the hottest and brightest days of a hot summer. I had difficulty in restraining myself from slapping her. Her excuse was, "*Der Dokter hat gestern gesagt Ich kann bald aufstehen !!*" I rushed her back to bed, and inside of a couple of hours iritis, with intense pain, set in, and for the next thirty-six hours I spent my time in making hot applications to eye, giving opiates, &c. Finally the eye quieted down, and the night following it, whilst watching her, I fell