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The After-Treatment of Normal Cataract Extraction.

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Although one commonly thinks of cataract as an opacity of the crystalline occurring in an eye otherwise normal, it is nevertheless incorrect to regard the ocular structures surrounding the diseased lens as being themselves unaffected. A cataractous eye is not an *oculus sanus in orbita sana.*

There is a sense, however, in which the healing process pursued by the wounds involved in the extraction of cataract may be described as normal. At any rate the subsequent course followed by the process of repair, the visual results, and the ultimate fate of the eye, are usually determined at the time of the operation. Fortunately the cases in which the final result is in every sense of the word good, where the normal healing process is not interrupted, and useful vision is obtained, are in the majority; but that the proportion of these can be still further increased by strict attention to the details of after-treatment, is my firm conviction.

After the removal of senile cataract (if the operation be performed without iridectomy) the pupil should remain round, small, and central. It matters not what plan of extraction be followed, there should be no presentation of vitreous or iris between the lips of the corneal or scleral wound; there should be no undue loss of blood from, or continuous bleeding into, the anterior chamber—which should itself be free of lenticular or capsular detritus. The wound-edges should be neatly and closely applied to each other, and no extraneous matter—such as blood-clots, iridic, capsular, or lenticular debris—should be permitted to remain between them; there should be no collapse or wrinkling of the cornea, and no eversion of the wound-margin. The patient should be able to count fingers and to tell time by the watch.

*A lecture delivered at the Post-Graduate Medical School, Chicago.

Assuming the operation to have been correctly performed, and that there are no complications, the question at once arises as to the advisability of washing out the anterior chamber for the purpose of expelling any remnants of blood, cortical matter or capsular tissue that have not been previously extracted. Although my own experience and that of older operators is opposed to this method, there are still ophthalmologists of repute who advise it. If resorted to at all, the greatest care and gentleness should be exercised. Panas—who, by the way, has recently abandoned the method which he was among the first to advocate—advised the use of a specially devised syringe (Fig. 1), the point of which is to be introduced between the lips of the wound, and the anterior chamber flushed with one of the following solutions, all of which are to be *warm:*

FIG. 1.

Borax, 4 Gm.;
Boric acid, 3.5 Gm.;
Hot sterile water, 100 Gm.

Or,

Common salt, 1 Gm.;
Sterilized warm water, 100 Gm.

Where an *antiseptic* is for any reason desired almost any of the well tried germicides may be used, but it must be remembered that a very lively reaction sometimes sets in even