many of those in the above list had returned to the hospital on account of defective vision.

In ninety-five cases the course of events was less favorable.

Of these 26 recovered after rather severe iritis, leaving vision at least temporarily a good deal impaired. How many of them would require subsequent operative interference, I have had no means of ascertaining, but it is worthy of note, that in eleven instances the cause of the iritis seemed evident. Thus in four the incision had been made relatively too small for the size of the lens, in four others a considerably quantity of lens matter remained in the eye, and in three the iris was entangled at one corner of the wound.

Twenty suffered from severe iritis, leaving closed pupil, but good perception of light with a fair prospect of useful vision after an operation for artificial pupil in eleven of them, but nine were practically lost. The apparent cause of the iritis was only noted in five instances, and was smallness of the incision necessitating use of scoop in two cases, the presence of fragments of lens in the eye in two others. The fifth seemed to be the result of an inflammatory process beginning in the wound of cornea. In seven cases hæmorrhage into anterior chamber occurred several days after the operation, but without serious consequence, except in one instance, in which the bleeding seemed to be caused by an inflammation of the iris,it was repeated on several times and resulted in almost complete closure of the pupil with vision reduced to quantitative perception of light, the eye was probably lost.

Acute Panophthalmitis with total loss of vision followed the operation in 13 cases. Probably induced by constitutional cachexia in two instances, which occurred in feeble broken down work-house patients, one of whom lost his eye during an attack of diarrhœa on the third day after operation. In a third case, also a work-house patient in feeble health, the wound had not healed at the end of six