of prominency in the cornea of old people. Again, lenticular cataract may depend upon an increased proportion of albumen, and salts of the blood, introduced into the liquor Morgagni, thus supplying a denser material than in the normal state of this fluid; and which may be taken up by the cells of the lens and introduced into its tubular structure, causing opacity of its previously transparent texture. It is remarkable, that we frequently find this variety of cataract occurring in gouty or rheumatic constitutions, in which the above-mentioned materials would seem to abound. In this variety of cataract we find the lens is enlarged, has in some degree encroached upon the posterior chamber of the aqueous humour, the posterior margin of the iris is slightly everted, and the dark rim of the uvea may commonly be observed surrounding the pupil. Again, under these circumstances, the quantity of normal fluid supplied to this structure, may be increased in quantity and afford an incipient symptom of cataract; but when once too dense, or opaque a material has found its entrance into the cellular, or tubular structure of the lens, it must always remain stationary. Somewhat similar views were originally presented by Sir D. Brewster, to the British Association for the advancement of science in 1837, but seem to have escaped the notice of the profession generally. Capsular cataract is always the product of inflammatory action, the anatomical characteristics of its conformation must render this point sufficiently evident; the deposition of lymph into its transparent texture, may be either partial, or general, tending vastly by its diversity in amount and character, to produce the infinity of cataracts presented to our observation—when it is the product of severe inflammatory action in the capsule, the cataract is of a dense white appearance; while this state of things is progressing the lens also soon participates in the diseased action; as in all cases of inflammatory action, the local vessels carry a more dense material to the diseased structure, so the liquor Morgagni formed at such a period, would convey to the structure of the lens matter incompatible with its transparency; consequently we soon have capsulo-lenticular cataract. That variety of this complaint known as congenital cataract, evidently differs from the preceding, and for the most part bears a marked analogy to those produced by local injury; and I apprehend is the result of somewhat similar causes. In traumatic cataract, or cataract produced by a blow upon the eye, which will occasionally happen without any positive rupture of the capsule of the lens, the result of the injury, would seem to be loss of vitality in the lens, or its peculiar transparent cells, such at all events are the conclusions which I think we are authorised to draw from the progress and result of the injury. In a case of traumatic cataract as above-mentioned, the presence of the altered or diseased lens, produces first an increased secretion of the liquor Morgagni; the lens evidently swells, and becomes somewhat opaque; as this state of things