

results poor—on the other hand a badly done operation is often followed by excellent vision.

We have all been on the "anxious seat" in our first extractions. The hopes and fears that filled our hearts. The anxious friends who crowded around and who looked on sceptically and gave but doubtful countenance to the proceeding. It tries your heart and soul, and when you have successfully passed through it you know you have been through the "fire" and that you have sounded every depth of surgical terror. It means so much to you, as well as to the patient.

There are a few conditions which contra-indicate operation. Dacryocystitis is one of them. The surgeon certainly takes great risk in extracting in its presence even with the canaliculus tied off. Cough should be cured—a bark cough, after section, tends to reopen the wound. Oezena is another contra-indication. Our procedure is as follows: Eyebrows and eyelashes having been clipped off, sterile towels applied to the head and chest and in a good light

1. Wash with soap and water.
2. Wash with sulphuric ether
3. Wash with bichloride (1-4,000).
4. Evert the lids, and by undine wash thoroughly with hot bichloride (1-4,000).
5. Add 1 drop eserine (1% solution) half an hour before operation.
6. Repeat this 15 minutes later.
7. Three drops cocaine (4%) at intervals of 2 minutes before operation—begin 10 minutes before section.
8. Boil instruments and plunge
9. Into alcohol—then
10. Into 1% carbolic solution.
11. Lint wrung out of 1-4,000 bichloride.
12. Withdraw the knife slowly.

Nothing should be rushed. Plenty of time should be taken. Operators at Moorefields frequently take two minutes in making the section alone.

The knife should be extremely sharp, with a tapering point, and used only once before resharpening. A good speculum is still a desideratum—one which is quickly and easily removable and applies closely to the temple, and is not in the way of the knife. In deeply sunken eyes a lid retractor held by an assistant is best. In grasping the conjunctiva below, a half turn with the fixation forceps anchors the eye more securely.