forceps are taken between the thumb and fore finger of the right hand, and if the iris is not protruding through the wound (prolapse), they are passed into the anterior chamber, and the iris seized near the pupillary margin and withdrawn a little outside the lips of the wound. The forceps, still holding the iris, are now very carefully changed from the right to the left hand, and the scissors taken in the right, with which, the projecting portion of the iris must be slit up from the free edge (close to the iris forceps) to the ciliary margin within the sclerotic incision. The slit should be made above the forceps, and the lower division torn from its ciliary attachment, by dragging it against the lower limit of the sclerotic incision; it is rendered tense (Sec. Fig. 2,) and cut off with the scissors close to the conjunctiva. The upper division of the iris (which usually remains projecting through he wound), is also torn from the ciliary margin by dragging it upwards to the extreme limit of the scleroti wound where it is also to be made tense and cut off close to the wound. By thus removing the lower division first, any hæmorrhage that might follow would be less likely to interfere with the removal of the upper division. Fig. 3 represents the shape of the pupil after the segment of the iris has been excised. If there is hæmorrhage into the anterior chamber after the operation, an effort must be made to evacuate it, by making pressure with the forceps or curette upon the posterior lip of the wound. After the eye has been freed from blood, the eyelids must be gently closed and two or three narrow strips of Husband's isingless plaster applied to keep them in apposition. In cases of extensive hæmorrhage into the anterior chamber, Arlt's compressed bandage should be applied. If pain should come on soon after the operation, two or three leeches should be applied to the temple without delay. The patient must be kept quiet and the eyelids kept closed for about four days.

FIG. 2.

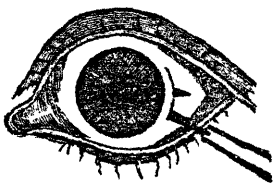
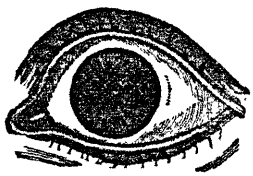


FIG. 3.



The beginner will find it much the easiest to perform iridectomy outwards; the upward exsection is however to be preferred, for the reason that the eyelid afterwards covers the slight deformity and prevents any unpleasant dazzling by shading the upper portion of the enlarged pupil. In performing iridectomy upwards, it is necessary to use an iridectomy