

through the incision in the cornea, by the mere action of the recti muscles, the laceration of the iris caused by the expulsion of the lens, leaving as good and well-placed an artificial pupil as could have been formed by the most successful operation for that purpose. The iris was easily ruptured, offering much less resistance to the extrusion of the lens than many an unadherent pupil. The opaque capsule, which was rather firmly adherent to the posterior surface of the iris, I extracted with forceps.

June 11th.—(Twenty-four hours after the operation.) There had been no pain in the eye; the pulse 60, and good.

June 14th.—(Four days after the operation.) I examined the eye, and found the sclerotic conjunctiva but little injected, the cornea slightly nebulous, and the incision in it apparently united. The enlarged pupil was of good size and form (not a circle of course, but the vertical and horizontal diameters nearly equal). It extended from a little above the centre of the iris towards the lower margin of this membrane.

June 19.—(Nine days after the operation.) The cornea had become perfectly transparent, and the pupil a bright black, but he could only distinguish the window from the wall, and recognize the flame of a candle.

July 13.—(Thirty-three days after operation.) He left the hospital, having suffered no inflammation of the eye operated on, its vision somewhat improved, so that he could distinguish large objects, and best in a moderate light.

Dec. 28.—(Six months and a half after operation.) I found the pupil of a clear bright black, and unchanged in form or size. He could recognize a finger when held before his eye (without a convex glass) and could see objects best when held on its temporal side, showing that the nasal half of the retina was most capable of receiving impressions. The cornea and humours being perfectly transparent, some impairment must have existed in the nervous apparatus of vision, without which we cannot account for the imperfect sight restored by an operation as successful as the mere operation can be, i. e., the removal of the opacity without injury to any important part.

The prognosis in this case was unfavourable. 1st. Because the right eye being to a certain extent amaurotic, the left was not unlikely to be similarly affected, and

2ndly. Because the contraction and adhesion of the pupil was likely to render the extraction of the cataract difficult, although fortunately it proved otherwise.

Case 4.—Cataract (capsulo-lenticular) of the right eye, complicated with much contracted and adherent pupil (which was irregular as to form, and fringed at its upper part.) Left eye amaurotic. Extraction of Cataract. Formation of artificial pupil. Prognosis very unfavorable.