

On slitting up the uterus through the cervical canal the foetal sac was exposed and in it was seen a foetus of about six weeks or two months.

Two small secondary outgrowths sprang from the uterine tumour, one was sessile—the other had a short broad pedicle. There were fibroid nodules in the walls of the cervix.

The pelvic tumour was much harder and very nodular.

JOHN STEWART.

CATARACT OPERATION BY THE METHOD OF SIMPLE EXTRACTION WITHOUT IRIDECTOMY, WITH REPORT OF CASES.

Read before the Maritime Medical Association Halifax, N. S., July 7th, 1892,

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Mr. President and Gentlemen,—Before the introduction of cocaine the method known as simple extraction without iridectomy as an operative procedure in the operation for cataract was unsuccessfully followed for a short time by a number of European and American surgeons who finally abandoned it as unsatisfactory. Quite recently, a number of operators, such as Dr. Weeker, Panas, Knapp, Bull, Webster and others have adopted it with very gratifying results.

Having given this method a trial in eight consecutive extractions during the past year I take this opportunity to place on record the results of these operations and at the same time to draw the attention of this Society briefly to the mode of procedure. Not being connected with any hospital, and therefore my cases being entirely confined to private practice, it might be presumed that I had selected duly favorable cases for operations. This was not the case, as cataracts are not sufficiently numerous to permit such selection. I would not recommend this method however, when we fail to get a moderately dilated pupil while the local anaesthesia of the eye is

being produced, in cases with old synechiae presenting nor in very soft cataracts. Briefly the method of operating is as follows:

Preparation of patient.—I invariably prescribe a gentle laxative the day previous to the operation, and, when necessary, the free use of the bath. I require that the patient shall be placed in bed—the one to be occupied during the whole course of the treatment—at least a half hour before the hour fixed for the operation. I thus avoid any exertion or even movement of the patient just before or after the operation. Before attending to the patient the hands of the operator are thoroughly cleansed with soap and hot water, while the instruments are sterilized by holding them in boiling water for a few minutes. I then irrigate freely the conjunctival cul-de-sac with a solution of mercuric bichloride 1-8000. These simple precautions in the way of preparing the patient lessen the cases of prolapsed iris, hæmorrhage and suppuration in the wound.

Local anaesthesia is then commenced by using two or three drops of 4 p. c. solution of cocaine hydrochlorate. This is repeated in three minutes, and again in five minutes, when the eye is usually ready for operation. If at this time I find the pupil has not dilated sufficiently, I wait four, six, eight or ten minutes. A valuable precaution is to have the eye-lids close, during this time of anaesthesia. The patient is now ready for operation.

Technique of the Operation.—The writer always stands behind the patient and operates on the right eye with the right hand and on the left eye with the left hand. This position taken the speculum is introduced and with the fixation forceps held in one hand the conjunctiva over inferior rectus muscle is grasped so as to include the sub-conjunctival tissue, while the other hand holds the straight narrow cataract knife. The point of the knife is introduced from the temporal side so that the entire length of the incision will amount to