

what the gain of vision was one hundred and fifty years ago.

PRELIMINARY TREATMENT ESSENTIAL IN CATARACT OPERATIONS.

I deem it of the greatest importance to interrogate all cataract patients presenting themselves for an operation as to their general habits and family history, and to make a careful examination of the urine, restricting meat diet and increasing a vegetable one, while last, but not least, placing the patient, one week before the operation, on the mixed treatment, also paying particular attention to bathing both eyes with a boracic solution containing sulpho-carbolyte of zinc, examining the eyelashes and particularly the nasal cavities. If any catarrhal affections are found in these cavities, it is of paramount importance that they receive the proper treatment before an operation is performed. The day before the operation, the patient is given a warm bath and a saline purgative, kept in bed, and his face washed with Castile soap and water, then washing the skin around the eye to be operated upon with ether, following this again with a 1.5000 solution of corrosive sublimate, after a German method (Schweigger).

The reason I call attention to these minute details is that the patient may suffer from some defect which would not affect an eye in a comparatively healthy state, but might exercise an extremely pernicious influence on the eye after the irritability following the operation. The effect to be dreaded is inflammation, and therefore every measure calculated to prevent its occurrence must be taken. There are still a few ophthalmic surgeons who think it quite unnecessary to take these preliminary precautions, but, happily, the number is growing less year by year.

At the time of the operation, still greater precautions are taken. The patient's face, neck and mouth are thoroughly cleansed, clean underclothing, over which, and fitting close to the neck, a sterilized sheet is wrapped, head bandaged in a sterilized towel, and the eye irrigated with an aseptic fluid as hot as the patient can bear it. The instruments are also sterilized, and all fluids, such as atropine and cocaine, are sterilized in a Llewellyn flask. The operation is performed then in the usual manner.

After the delivery of the lens (cataract), and all cortical matter is washed out of the anterior chamber, I proceed with the rupturing of the posterior capsule, the subject of my paper. The instrument used is a gold enamelled hook, made as delicately as is consistent with keeping its shape. It is of malleable steel, so that it may be bent to any angle which I find is convenient, especially when the eye of the patient lies deep in the orbit. The hook is passed into the anterior chamber, and behind the lower pupillary margin of the iris, on its flat side. It is then rotated backwards, hooked into the capsule, drawn gently upwards to the mouth of the incision, rotated on its flat again, and then taken out of the chamber. By this means the capsule is torn, and the vitreous presses forward between the rent. Very little or no vitreous shows at the mouth of the wound; if it does, I snip it off.

When the operation is performed after the simple method (without iridectomy), the same manipulation is carried on with but one exception, and that is, the line of incision is not so long. The ophthalmostat is removed, and the eyeball again irrigated with the hydrostatic eye-douche, followed by dropping one drop of sterilized atropia solution into the eye, the lids closed and thickly anointed with vaseline, which has been sterilized by boiling: over this, specially-devised eye-pads, which have also been sterilized by heat, held in place by adhesive strips, which keep the bandages securely fixed, permitting the patient to change his position in bed as often as is desirable. In twenty-four hours the dressings are removed, and both eyes bathed with warm water and irrigated with the sulpho-carbolyte solution, another drop of atropia applied, and similar eye-pads adjusted with as much care as at the primal operation, and so continued from day to day until the eye is out of danger.

Is this a new operation? Some of the older writers of fifty years ago hint at the removal of the lens and its capsule, but they are not explicit enough to say that they did so. The only authority that I can find saying so positively is Richard Middlemore, who, on page 138, Vol. II., in his great work on "Diseases of the Eye," published in 1835, after speaking of the removal of the lens when the pupil is not clear on