

inch wide at the base (see fig. 1), a pair of bent iris forceps, and a pair of strabismus scissors.

The patient should be placed in the recumbent position and brought fully under the influence of chloroform. Some surgeons apply a little of the extract of the calabar bean to the eye about half an hour before commencing, for the purpose of keeping the pupil contracted during the operation; the pupil being usually widely dilated, and the anterior chamber considerably flattened, there is danger of wounding the capsule of the lens unless this precaution is taken.

In order to simplify the subject, let us suppose that the operation of iridectomy is to be performed upon the outer side of the left eye; in that case we proceed as follows: Having opened the eyelids to the desired extent with the stop-speculum, the operator places himself in front of the patient, with the knife in his right-hand and the forceps in the left. With the forceps, the conjunctiva and sub-conjunctival tissue is to be seized near the cornea at the inner side of the eye, for the purpose of keeping the ball steady during the operation,—care being taken that no pressure be made upon the globe. The point of the iridectomy knife is now laid upon the conjunctiva, at the outer side of the eye, about half a line behind the margin of the cornea, and is thrust through the conjunctiva and sclerotic into the anterior chamber; when the point of the instrument has entered the anterior chamber, the handle is well laid back towards the temple, so as to bring the flat of the blade parallel with the plane of the iris; the knife is now steadily pushed forwards in front of the iris towards the opposite side of the anterior chamber. (See Fig. 1.) care being taken not to evacuate the aqueous humour or prick the iris; when the incision is of the desired length or the widest part of the blade has entered the wound, the instrument must be withdrawn very slowly and gently so as to evacuate the aqueous humour very gradually; otherwise the intra-ocular pressure would be relieved too suddenly,—followed perhaps by a rupture of some of the capillaries of the retina and extravasation of blood. A very good method, recommended by Mr. Carter, is, first, to loosen the knife in the incision—to allow the gradual escape of the fluid, and afterwards to withdraw the blade quickly,—the handle being kept well back so that the point of the instrument will be kept from wounding the iris or lens. The forceps are now given to an assistant, with which he must turn the eye to a convenient position for the next step in the operation. The bent iris

FIG. 1.

