

*Iridectomy.*—The keratome is used for all ordinary cases. In glaucoma iridectomies, with narrow anterior chambers, Von Graefe's knife is preferred. De Wecker's forceps scissors are used for snipping off the iris segment.

*Excision of Lacrymal Sac.*—This is almost of daily occurrence at Vienna, whereas at Moorfields two or three during the year would be a good average. If blennorrhœa of sac persists after five months' treatment, this operation is resorted to. After the sac has been thoroughly loosened and extirpated the upper part of the lacrymal canal is cleaned out by a fine curette. The epiphora which follows this operation never seems to be very troublesome.

*Cauterization.*—The advancing edge of progressive corneal ulcers is always touched with the fine red-hot electric cautery point. For corneal ulcers threatening perforation, Sæmisch's operation is very rarely performed.

*Transplantation of Cornea.*—I saw this tried about a dozen times, but the results were not very encouraging, as only in rare instances did the transplanted portion remain more transparent than its predecessor. A rapidly revolving circular trephine is used to remove the macular portion and to cut the required piece of the same size from some enucleated eye. The trephine should not go through Descemet's membrane.

*Posterior Sclerotomy* was done in a few cases of detachment of the retina, and in one case of cysticercus of retina. Good results were obtained.

*Discision* through sclera is quite a favorite where any difficulty is anticipated in lacerating the lental opacity.

*Extraction of Foreign Bodies.*—The delicate Asmus sideroscope is used in doubtful cases to decide whether a splinter of iron has entered or not. The X-rays are employed to determine its position by taking frontal and lateral photographs. A whole room is set apart for the large electro-magnet, which rarely fails to extract any magnetable matter.

*Tattooing* of disfiguring corneal opacities is a common operation.

*Correction of Ptosis.*—Our Hofrath favored Pannus' operation, both in complete congenital and old acquired cases. Von Graefe's excision of the fibres of the orbicularis and Pagenstecher's subcutaneous sutures were used only in mild cases. I did not see Eversbusch's advancement of the levator palpepræ sup. undertaken.

*Correction of Trichiasis.*—A combination of Jæsche-Arlt's and Hotz's operations is preferred in this, for besides fulfilling the requirements of the former operation, some of the fibres of the orbicularis are excised.

*Correction of Ectropion and Entropion.*—Many are the