

owing to senile muscular atrophy of the iris and slight posterior synechia. There is a good anterior chamber, and the cornea is large. The palpebral fissure is rather short and the eye deep-set.

September 9, 1871. The cataract was removed by flap extraction with a Beer's knife, the patient lying on his back in bed. The lids were separated by Graefe's curved speculum, and the eyeball steadied with forceps. The section was made upwards, just within the corneal margin, and the knife was withdrawn before the completion of the incision so as to leave a narrow bridge near its summit. An iridectomy was then done, and the lens-capsule opened with the cystotome, when the section was finished by dividing the bridge with the scissors. A part of the cortical lens-matter, which had become fluid by secondary degeneration, readily escaped. The large, hard, nuclear portion was extruded through the gaping wound by slight pressure below on the globe; the pupil became clear, and the patient could count fingers. Both eyes were closed by straps of isinglass plaster, and in addition a pad of cotton-wool and bandage applied over the right eye. The room was then darkened. The patient was enjoined to lie passively in bed, and the most nutritious liquid diet, such as beef-essence, &c., was ordered, to be given with the spoon. No pain or inflammatory complication ensued. The eye was examined on the fourth day. The wound had healed and the sight was good. Atropine was applied and the bandage re-adjusted, and the eye subsequently kept under the influence of atropine by daily applications. The patient was allowed to rise at the end of the week, the eye being protected by a shade.

October 14. The patient went home. He could read  $1\frac{1}{2}$  Snellen (unseen) with + 1 lens, and his vision for distance with +  $2\frac{1}{2}$  was  $\frac{1}{2}$  (?).

November 22. The vision for distance had improved to  $\frac{1}{2}$ . On examining the eye by oblique illumination, a delicate grey membrane with an apparent, small, clear aperture in it, was observed stretched across the pupil. A fine cataract stop needle was passed through the cornea near its margin into the opaque membrane, which was then divided. A central pupil of the normal size was restored, the artificial pupil remaining obscured by opaque tissue. The eye was bandaged, and kept under the influence of atropine.