part of the capſule, when, by preſſing upon it, the lens, if ſolid, is to be puſhed down by one, or, if fluid, by ſeveral movements, to the bottom of the vitreous humour. It ſhould then be puſhed downwards and outwards, as Mr Bell directs, ſo as to leave it in the under and outer ſide of the eye ; where, in caſe it ſhould riſe, the passage or the light would be little obſtructed. The needle is then to be with­drawn, the ſpeculum removed, and the eyelids cloſed ; and a compreſs ſoaked in a ſaturnine ſolution is to be applied over them. Mr Pellier’s method is to cover each eye with a linen bag half filled with fine wool, applied dry and fixed to a circular bandage of linen paſſed round the forehead : the whole is retained by a triangular napkin. The patient is them to be laid in bed, upon his back, with his head very little trailed; and to be kept in this ſituation for abouta week in a dark room. Unleſs he be of a weakly habit, he ought to be bled at the neck, or leeched at the temple, a few hours after the operation. He ſhould be kept upon low diet, and get ſmall doſes of opiates frequently repeated. His belly ſhould be kept moderately open by gentle puratives. The dreſſings ſhould not be removed till inflam­mation is at leaſt ſo far gone that no danger will ariſe from uncovering the eye, which may generally be about the eighth or tenth day. Sometimes the patient perceives light im­mediately on the dreſſings being removed, but more frequent­ly not till ſome time after.

Upon removing the dreſſings, if the cataract has again got back to the axis of the eye, a repetition of the opera­tion may become neceſſary. Some time, however, after the inflammatory ſymptoms are gone, ſhould be allowed to elapſe before any other operation is again attempted ; for the cataract frequently dissolves, providing the aqueous hu­mour get free acceſs to it. Mr Pott ſometimes, when he found the cataract to be of the mixed kind, did not attempt depreſſion, but contented himſelf with a free laceration of the capſule ; in which caſes the lens hardly ever failed of diſsolving ſo entirely as not to leave the ſmalleſt veſtige of a cataract. When the operation is to be performed upon the right eye, the ſtraight needle muſt either be uſed by the left hand, or the operator muſt place himſelf behind the pa­tient. A needle (fig. 32.) has been contrived, however, with a large curve, by which the operation may be readily performed with the right hand, while the ſurgeon is placed before the patient ; only the needle is entered towards the inner, inſtead of the outer, angle of the eye.

The firſt hint of extracting the lens ſeems to have been ſuggeſted by Mr Petit, who propoſed to open the cornea and extract the lens when it was forced into the anterior chamber of the eye either by external violence or acci­dentally in couching. At firſt it was conſidered as a dangerous operation, and was ſeldom practiſed till about the year 1737, when Mr David propoſed and practiſed extrac­tion in preference to couching. The operation is now per­formed iin the following manner : The patient and operator being placed, and the eye fixed in the ſame manner as for couching, the ſpeculum, when the operation is to be done upon the left eye, is to be held in the left hand of the operator. It is neceſſary to make as much preſſure as will ſecure without hurting the eye. Neither ought the cornea to be preſſed too near the iris, lest the lat­ter be wounded. The operator now takes the knife (fig. 33.), and holds it in the ſame way as he does the needle for couching ; he then enters the point of it with the edge undermoſt into the cornea about the diſtance of half a line from its connection with the ſclerotic coat, and as high as the centre of the pupil ; he is then to paſs it acroſs the pupil to the in­ner angle in an horizontal direction, keeping the edge a little outwards to prevent the iris from being cut ; the point is then to be puſhed through oppoſite to where it entered ; the under half of the cornea is next to be cut, and at the ſame diſtance from the ſclerotics with the parts at which the point of the knife went into and came out from the eye.

In cutting the under half of the cornea the preſſure of the ſpeculum upon the eye ſhould be gradually leſſened ; for if the eye be too much compreſſed, the aqueous hu­mour, with the cataract and part of the vitreous hu­mour, are apt to be forced ſuddenly out immediately after the inciſion is made. The operator then takes a flat probe, and raiſes the flap made in the cornea, while he passes the ſame inſtrument, or another probe (fig. 34.), rough at the extremity, cautiouſly through the pupil, to ſcratch an opening in the capſule of the lens. This being done, the eye ſhould be ſhaded till the lens be extracted, or the eyelids are to be ſhut to allow the pupil to be dilated as much as possible ; and while in this ſituation, if a gentle preſſure be made upon the eyeball at either the upper or under edge of the orbit, the cataract will paſs through the pupil more readily than it would do when the eyelids are open.

It the lens cannot be eaſily puſhed through the opening of the cornea, no violent force ſhould be uſed, for this would tend much to increaſe the inflammation. The opening ſhould be enlarged, ſo as to allow the lens to paſs out more freely. When the cataract does not come out entire, or when it is found to adhere to the contiguous parts, the end of a ſmall flat probe, or a ſcoop (fig. 35.), is to be introduced, to remove any detached pieces or adheſions that may be preſent. The iris ſometimes either pro­jects too much into the anterior chamber, or is puſhed out through the opening of the cornea. When this happens, it is to be returned to its natural ſituation by means of the probe already mentioned. Sometimes the opacity is not in the body of the lens, but entirely in the capſule which con­tains it. The extraction of the lens alone would here anſwer no uſeful purpoſe. Some practitioners attempt to extract, firſt the lens, and then the capſule by forceps ; others, the lens and capſule entire. Thoſe who have had much practice in this branch of ſurgery, as Pellier, ſay they find ſuch a method practicable ; but others think it better to truſt entirely to time and a cooling regimen ſor the cure, which, in ſome inſtances, has taken place. When the ope­ration is to be performed on the right eye, the operator is either to uſe the left hand, to take his ſtation behind the pa­tient, or to employ a crooked knife (fig. 36.)

After the operation is finiſhed, the eyelids are to be ſhut, and the ſame treatment obſerved as in couching. When the operation ſucceeds, the wound in the cornea is generally healed in little more than eight or ten days ; but previous to this time, the eye ought not to be examined ; and even then it ſhould only be done in a dull light, otherwiſe it may ſuffer conſiderably from the irritation which a ſtrong light might occaſion. When the eye is to be examined, if the eyelids be found adhering together, they ought to be waſhed with ſome gentle aſtringent. With this the eye ought alſo to be frequently washed afterwards, by which it will gradually recover ſtrength and ſight. About the end of the third week the dreſſing may be entirely re­moved, and a piece of green ſilk put over the eyes as a ſhade ; and if every thing has ſucceeded, the patient may generally go out after a month from the time at which the operation was performed.

It ſometimes happens, that in extracting the lens a por­tion of the vitreous humour is evacuated. This does not in general prevent the ſucceſs of the operation. The eye ſoon begins to fill again, and in the course of two or three