In the same volume, p. 71, a similar case is recorded by Mr. J. B. Lawford with the title of *brawny episcleritis*. Some cases of solid oedema of the conjunctiva published by Mr. Holmes Spicer in the *Trans. Ophthalm. Soc. U.K.*, Vol. XVIII, p. 108, seem to be of a different nature.

CONJUNCTIVAL BRIDGE IN CATARACT EXTRACTION

BY

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THE very definite advantages of leaving a conjunctival bridge in ordinary cataract extraction are counterbalanced by certain disadvantages. It is not so easy to do an iridectomy, should that be necessary, and sometimes the delivery of the lens is so much impeded that the bridge has to be cut through. By a very slight modification in the direction of the bridge, both these difficulties are overcome. Instead of making the conjunctival bridge straight

up, I have recently adopted the plan of making an oblique bridge. As soon as the scleral cut is completed, I depress the handle of the Graefe knife a little and cut obliquely up and out, so that the terminal bridge, about 2 mm. in breadth, lies level with, or just outside the outer margin of the cornea. This leaves no impediment to doing an ordinary upward iridectomy, nor to the straightforward delivery of the lens, and yet the bridge acts quite efficiently in keeping the lips of the wound from gaping and in keeping the conjunctival flap in good position.

*Since the above article was set up my attention has been called to an article by Dr. Ewing in the *American Journal of Ophthalmology* for March of this year. The operation he describes is exactly similar to the one above described. I have thought it desirable to allow the short note to appear to call the attention of those who may not see the *American Journal* to a very useful small modification of the ordinary cataract extraction.