left-hand, have been successful. This I ascribe to the method I now adopt in completing the incision. In consequence of the above case, I saw it was necessary to adopt some method for finishing the incision of the cornea, without using any force that should strain the eye itself; and finding that cutting on the nail was a very inconvenient mode of proceeding, I caused an instrument to be made, which, by forming a resisting medium, enables the operator to effect this part of the operation with great ease. The instrument is like the common needle of Saunders, except that, instead of having the extremity ground to a point, one-half of its circumference only is ground away, leaving the end round and blunt, and forming a shoulder at about the distance of two lines from its extremity.

Figure 1 represents the mode of using the instrument.

Fig. 2 is a front view magnified, and

Fig. 3 is a lateral view of the same.

In employing this instrument, we will suppose the knife to have made the counterpuncturation; it will then, undoubtedly, be the operator's object to continue the incision if practicable; but as, in most instances, the aqueous humour has by this time escaped, and as the eye generally becomes disposed to turn inwards,

the surgeon should now desire the assistant to let the upper lid rest on the back of the knife, and, himself liberating the lower lid, he takes the instrument in his free hand (right or left as may be), and insinuates its point under the blade of the knife, *into the wound*, and, making it act as a point of resistance, carries on the knife itself, and completes the incision. The shoulder of the instrument is merely used as a precaution against any sudden movement of the eye, which might risk its being propelled into the opening, and as an indication to the surgeon of the extent to which its point has entered; it should be kept sufficiently low, so as not to interfere with the edge of the knife; and when the section is made, both instruments are withdrawn together, and the upper eyelid falling down, precludes any sudden escape of the iris, lens, or vitreous humour.

I conceive that I am warranted in recommending this instrument to the notice of the profession, seeing that it appears capable of materially lessening the dangers of extraction, as I have not failed in any case which I have undertaken since I employed it; and the same advantages have been experienced by my late colleague Mr. Luscombe, who, before his death, had used it successfully in several cases.

Plymouth, Jan. 26, 1833.

LITHOTRIPSY.

To the Editor of THE LANCET.

SIR,—I observed in the last number of THE LANCET, a short statement of an operation (lithotripsy), performed at Nottingham by Baron Heurteloup; and however cursory such statements may be, I think it important that every case should be reported, as the profession are beginning to feel a lively interest in the result of an operation which must be considered (in this country at least) as new to the practice of surgery. Under this impression, I must confess I have anxiously looked for an account of one which was performed at Windsor, some months since, by Mr. Costello. If you had not the means of obtaining a report of that operation through any other channel, surely that gentleman cannot be so regardless of the gratification of your readers, or indifferent to the promotion of scientific knowledge, as to withhold from you information which must reflect honour on his own name, and tend to increase our means of lessening the sufferings of humanity. I remain, sir, yours truly,

ROBERT HUNTLEY.

Staines, Feb. 8th, 1833.