

kinds that come under our care in ordinary practice. It is only the more important that the course of symptoms, as indicating the mode of action and the condition of the organs, and the changes that take place among them, should be made the subject of careful observation, reflection and reasoning.

CASE OF DOUBLE CONGENITAL CATARACT OPERATED ON WITH SUCCESS AT THE AGE OF EIGHTEEN.

[Medical Correspondence of the Bulletin Générale de Thérapeutique Médicale et Chirurgicale, July, 1861.]

TRANSLATED FOR THE JOURNAL BY THOMAS WELSH, M.D., BOSTON.

WHILE waiting till I have leisure to prepare my new observations upon the good effects of the use of arnica and aconite in the treatment of cataract, permit me to give you a description of one of the last cures I have been called to attempt. Besides, cases of congenital cataract not operated on before the age of puberty are not so common but that every one deserves a particular notice.

The following is the case:—Mlle. Louise A., of Montnessat, 18 years old, had the misfortune to be born with a double cataract, and to belong to a family which believed in the stupid prejudice that the establishment of the menses would bring a spontaneous cure of the blindness of their child. When the period of puberty arrived, her parents, seeing that the appearance of menstruation did not bring any change in the vision of their daughter, at last decided to consult me. What was their regret, when I told them that the operation at the age of ten or twelve months would have as much as, if not more chance of success than at 18 years, and that they had, besides, lost valuable time for the education of their child. Fortunately, this young lady has great intelligence, and will rapidly acquire the knowledge resulting from the use of her eyes. October 15th, 1860, assisted by M. L. Muré, I operated by depresso-reclination* upon both eyes of Mlle. Louise. The cataracts being siliquose, it was not without difficulty that I succeeded in keeping the two layers of the opaque capsule immersed in the vitreous humor; they constantly strove to come up into the field of the pupil. In order to prevent the effects of the wound caused by the needle, I put my patient on the use of arnica and aconite, administered alternately, according to my method. Perfect quiet was enjoined; a sleep of four hours during the first night was accompanied by a gentle moisture of the skin. The two following days the pulse was slow and depressed; then it recovered progressively its normal force and rhythm.

* By the term depresso-reclination, I mean a mixed procedure of depression in which depression of the cataract is associated with its reclination; that is to say, before tipping the lens into the inferior and external part of the vitreous humor, I take care to lower it a little vertically until a semilunar opening appears in the upper fifth of the pupil. By this method we prevent, during the displacement of the cataract, either the falling of the lens into the anterior chamber, or the too immediate compression of the retina or choroid coat.

It is impossible for me to depict the joy and astonishment which the patient experienced on the first raising of the bandage, the eighth day. I then witnessed the following condition: the left pupil is clear and completely free; but the right is occasionally obstructed by the cataract, which floats in the posterior chamber and produces the phenomenon of intermittent vision. At her age I rely upon its prompt absorption, and if, contrary to my expectation, it should be otherwise, I should resort to extraction by means of the ingenious *serre tête* of M. Charrière.

Let me say a word now of the curious phenomena, or rather strange aberrations, which this sense of vision, putting her in relation for the first time with the external world, has presented to us. The first sensation of light produced so lively a sensation that the eyes were seized with convulsive movements, and it was only after having established twilight in the room, and after numerous oscillations, that the globes of the eyes maintained their equilibrium. When the organ of vision was accustomed to the light, I attempted some experiments and observed the following facts: when an object is presented to Mlle. Louise, she can neither appreciate its form or color; she is obliged to touch it, to tell its name or use. The laws of visual accommodation are lost for her; thus, she judges distances so inaccurately that she constantly places her hand beyond the objects she wishes to grasp. Besides, this young lady has been so in the habit of using the sense of touch to supply that of sight, that, after having the name of an object pointed out to her, she feels the need of taking hold of it and manipulating it in every direction, so as to fix the form of it as well as its other characteristics in her memory. When an object has been presented to this double inspection it remains impressed on the memory, and Mlle. Louise can name it by the exclusive use of her eyes, even four or five days after a first trial.

I have no doubt that education, which has to be commenced for her, will complete the use of vision, aided by the ideas the so highly developed sense of touch will give her.

I regret that the hurried departure of my patient, who was impatient to return to her parents, did not permit me to follow out and complete the study of her case.

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LETTER ON SOME POINTS OF MILITARY SURGERY.

[Addressed to Prof. FRANK H. HAMILTON, of Brooklyn, N. Y., by USHER PARSONS, M.D., of Providence, R. I., and read before the Rhode Island Medical Society, Dec. 19th. 1860.]

DEAR SIR,—In reply to your inquiries as to the result of my experience in naval and military surgery, particularly as to ventilation, clothing, &c., I have to state that two or three of the points you allude to were strongly impressed upon my mind, which I will