This patient never returned again; but in March, 1895, I accidentally met both parents with the child. They said the apparatus had been continued several months after the last office visit, and omitted when they considered the legs straight. As the boy walked away from me the legs looked straight, but I had no opportunity to get a final tracing. The photograph therefore shows the improvement obtained in six months.

Case -- 1 --

Case -- 2 --

CASE II. Patient was a girl, two years of age. Apparatus applied February 7, 1893, the distance between the knees being three and one-eighth inches. The second tracing was taken April 5, 1893, the distance between being one and seven-eighths inches. The last tracing, June 25, 1893, shows a distance between the knees of three-quarters of an inch; but at the junction of the middle and lower thirds of the tibia the distance is one and three-eighths inches. The photograph in this case shows the improvement for four months and a half.

These two cases show about how the people continue treatment in practice; but the more marked the deformity, the more likely is the patient to come as long as the physician thinks it necessary.

One point about these cases is that when seen walking, the deformity appears to be much more marked than it actually is when the feet are placed together and the tracing taken. This is due to the feet being so widely separated, as they are in the characteristic waddling gait which has been previously explained in the paper.

THE LECTURES AT THE LONDON COLLEGE OF PHYSICIANS for the coming year will be delivered as follows: The Bradshaw lecture by Dr. Bradbury; the Lumleian lectures by Sir Dyce Duckworth; the Gullstonian lecture by Dr. Mason; and the Croonian lecture by Dr. Oliver.

CATARACT OPERATIONS BETWEEN THE AGES OF EIGHTY AND NINETY, WITH A TABLE OF CASES.

BY HASKET DERBY, M.D.

INTERCOURSE with the aged is peculiarly the privilege of the ophthalmic surgeon. In that "his eye was not dim or his natural force abated," a prominent personage in the Old Testament is cited by the inspired writer as an exception to the common lot of humanity, well advanced in years. This can be said of comparatively few. Failure of vision, resulting from retinal changes or from impairment of the transparency of the crystalline lens, is relatively frequent when life is prolonged far beyond the allotted span. It is with the latter cause of blindness, cataract, that the surgeon is more frequently concerned.

This being a fairly common affection of latest life, and the only method of treatment as yet known to science being operative removal, the extent to which age should influence our prognosis becomes a very practical question. It would be difficult for one unfamiliar with the subject to realize how much both patient and family physician are apt to be misled by the feeling that the operation for cataract is not worth undertaking after a certain age. While the chances of success are popularly underestimated, the effect of the operation and confinement on the patient's general health are apt to be unduly exaggerated, and many an individual has spent his closing years in blindness which might have been greatly alleviated, if not entirely removed.

Mr. Higgens has recently published in the *Lancet* (No. 3702) a list of patients, the youngest over eighty, on whom he has operated for cataract. Among 925 cases he has found 19 who could be embraced in this category. He cites 17 cases of entire success, one of failure, and one of partial recovery of sight.

Out of a smaller number of cases of cataract I am able to give a larger number of aged patients. And although my statistics of success are not as brilliant as those of Mr. Higgens, I feel that an analysis of the histories, nearly all of which I have kept in full, will not be without interest. Cataract patients of this age are not met with every day. The longest professional career may embrace a relatively limited set of such statistics. It seems fitting that I should give in my own, as a contribution to that common fund of experience on which we are all so glad to draw.

I find that I have records of 34 cases of patients aged eighty or upwards in which I have operated for the extraction of cataract. With a single exception all these were operated on according to the method of Graefe. These I proceed to summarize in the order of their ages. There is one point to which I wish to draw special attention. The cases marked with an asterisk were treated after asepsis had become the rule in ophthalmic surgery, and it is perhaps hardly fair to compare the results here obtained with those of former years. The table is arranged simply according to age.

In explanation of the unrecorded results I would say that these cases occurred early in my practice, when the custom of making exact measurements of vision at the conclusion of the treatment was not yet fully established. These results sum up as follows:

Entire success	29 (85%)
Partial success	2 (6%)
Failure	2 (6%)
Unrecorded	1

Entire success was estimated at an amount of vision equalling one-tenth and over, the usual standard. The two partial successes had each a certain amount of useful vision. The two failures retained perception of light, but gained nothing by the operation.

No.	Age.	Sex.	Duration of Treatment.	Resulting Vision.	Remarks.
1	80	M	11 days	0.2	
2	80	F	16 days	0.1	
3	80	F	15 days	0.3	
4	80	F	15 days	0.1	
5	80	F	14 days	0.1	
6*	80	M	14 days	0.5	
7*	80	M	13 days	0.3	
8*	80	M	68 days	0.1 (nearly). Much cortical substance left in pupil. Patient kept under observation while absorption was going on.	
9*	80	F	13 days	0.2	
10*	80	M	14 days	0.4	
11	81	F	30 days	0.1. Severe iritis ensued.	
12*	81	F	17 days	0.2	
13	82	M	16 days	0.1	
14	82	M	21 days	0.13	
15	82	F	22 days	0.3. Iritis followed a blow on eye.	
16	82	F	16 days	0.3	
17	82	M	14 days	0.2 (nearly).	
18*	82	M	14 days	0.2	
19	84	F	22 days	0.05. Patient childish and uncontrollable.	
20	84	F	14 days	Perception of light. Severe iritis.	
21*	84	F	15 days	0.25	
22*	84	M	13 days	0.4	
23*	84	F	14 days	0.1	
24	85	M	?	0.05. Severe iritis.	
25	85	F	27 days	Regained power of reading and writing; exact vision not recorded.	
26	85	F	19 days	0.3	
27	85	M	13 days	0.5 (nearly).	
28	86	M	60 days	Regained power of reading; no record of exact vision.	
29	86	M	17 days	Result unrecorded.	
30	86	M	17 days	Regained useful vision.	
31	87	F	10 days	0.2 (nearly).	
32	87	F	21 days	Perception of light; pupil blocked at time of discharge; did not return.	
33	89	F	12 days	0.35	
34*	89	M	14 days	Recent operation; patient still under observation; can tell time by his watch, and the case is evidently a success.	

Patients of eighty and upwards form a very inconsiderable proportion of the cases of cataract that come within the experience of the average ophthalmic surgeon here in New England. According to my estimate they amount to about six per cent. of the whole number. It would seem that six per cent. of total failure, large as it would be between the ages of

sixty and seventy-five, as contrasted with 85 per cent. of success, does not form a valid reason for denying the operation to those advanced in years. The use of cocaine renders ether unnecessary, and the senile eye is moreover much less sensitive than in youth or even middle age. Under ordinary circumstances the confinement lasts but a fortnight, the patient remaining in bed only the first day. With a prospect of the recovery of sight as good as these figures show, is it right to allow a fellow-being to pass the last years of life in blindness, deterred from the operation by an unreasoning and unreasonable dread of the effect of extreme age on the result?

Clinical Department.

A CASE OF CANCER OF THE URETHRA.¹

BY A. T. CABOT, A.M., M.D.

THE rarity of a primary urethral carcinoma is my reason for putting the following case on record.

C. W. T., an elderly man, entered the Massachusetts General Hospital March 29, 1895, and gave the following history:

Thirty-five years ago he had gonorrhea, from which he entirely recovered. Nine years ago an abscess formed in the perineum through which, however, no urine passed. At that time the urine passed in a good stream, and he never noticed any trouble in urination until one year ago when he began to have some difficulty in passing water. He did not, however, have complete retention, and his condition improved somewhat under medical treatment. Nine weeks before entrance, a swelling appeared in the perineum which was painful, and confined him to bed. At the end of a fortnight it was lanced, and pus was evacuated from it. A week later the urine began to come through the opening. For a time after this he improved in his comfort; but then the swelling began to spread, and less and less urine passed through the natural passage, until all of it came through the fistulæ. Examination showed the perineum to be occupied by an indurated mass extending forward beneath the scrotum, with two fistulous openings over it. The urethra was impervious to instruments, even of the smallest size, all of which were arrested at about the peno-scrotal angle.

On April 1st, the perineum was widely laid open, considerable pus being evacuated from various side pockets. The walls of the abscess were of such a sloughy character that nothing unusual was noticed at that time in the character of the case. A drainage-tube was carried through the cavity of the abscess and was brought out in front of the scrotum. The greater part of the induration cleared up in a few days, but there still remained a hard sloughing mass at the bottom of the cavity about the urethra.

Ether was again administered on April 15, 1895, and a careful examination showed this hard tissue to be distinctly of the character of a neoplasm. It extended forward to the peno-scrotal angle and backward to just anterior to the triangular ligament. The prostate was slightly enlarged, but not more than is usual in a man of his age.

A piece of the new growth was cut out for examina-

¹ Read before the American Association of Genito-Urinary Surgeons, at Niagara Falls, May 30, 1895. Microscopical sections of the growth were shown to the Association.