mit me to cite to you a fact which could serve as an answer to this delicate question.

A young woman, accompanied with her husband much older, came to consult me for her child which she had just taken from the nurse, and which was infected with a constitutional syphilis, which she accused the nurse of having communicated to it. The child was almost entirely covered with a moist scaly syphilitic eruption; the region about the anus and the labia was the seat of ulcerated mucous tubercles. The child was six months old, and according to the nurse it was at the end of six weeks that the first accidents showed themselves. However, the mother and the *husband* affirm to me that they never underwent any contagion, and by a most careful examination, in fact, I could discover nothing either past or present. The nurse, examined in her turn, appeared to me perfectly healthy. Her own child, which she nursed at the same time as the sick infant, was in excellent health. I was much embarrassed in the research for the origin of the syphilis of this child, when I received the next day the visit of a young cavalry officer, who came to consult me for a syphilitic plantar and palmar eruption with which he was affected. This officer interrogated me with a touching solicitude upon the disease of the child which had been presented to me the day before, and he made me a confidant in the part which concerned him in this question; but as he did not know the laws of transmission, he was surprised to have begot a diseased child, inasmuch, said he, as he thought himself cured, and that he had no symptoms of the disease when he had connection with the lady, who in fact had not been diseased.

After all that I have told you, my friend, you see how much reserve, prudence, care and attention are necessary, before accepting as a demonstrated fact the contagion of secondary accidents. Do you not think with me, that for establishing definitely this law in syphilography, other facts are necessary than those at present deposited in the annals of science?

Yours, &c.

RICORD.

CATARACT IN A DOG—SUCCESSFUL OPERATIONS UNDER THE INFLUENCE OF ETHER.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

A FAVORITE "King Charles" spaniel, about three years of age, first attracted the notice of the servant having charge of him, as being partially blind, about nine months previous to my seeing him. From that time the opacity and loss of vision increased till he became totally blind.

On the 20th of April last, his condition was as follows:—Both eyes exhibit cataract of large size, completely occupying the field of the pupil. Their color is that of milk and water; but the whiteness is not uniformly diffused, each lens presenting a radiated appearance. He is evidently unable to see, and when in a hurry or excited he runs against obstacles in his path.

The animal being held between the knees of an assistant, chloric ether was administered till he became unconscious. I then introduced a Saunders's needle through the cornea of the left eye, and endeavored to make extensive incisions through the capsule of the lens. The capsule, however, had so much firmness that I was able to do little more than puncture it. A twirling motion between the finger and thumb, was given to the needle, that the central portion of the lenticular substance might be broken up. At this moment the dog suddenly drew his head backward, and the instrument was withdrawn from the eye.

After further inhalation of ether, the instrument was introduced in a similar manner into the right eye. The capsule of the cataract was still firmer than that of the left, and could not be freely incised on account of the mobility of the lens, which was suspended at one point only and receded from the instrument when pressure was made upon it. I succeeded in making a small aperture, and then endeavored to depress the cataract behind the pupil. This I partially succeeded in doing, but was unable entirely to detach it from its suspensory ligament.

No bandages were applied, nor was any restriction imposed upon the animal. No inflammation, and only a slight amount of injection, followed the operation.

May 2d.—The right lens is floating in the posterior chamber, rising and falling with the movements of the eyeball; the upper half of the pupil being most of the time free. I think the lens has somewhat diminished in size. In the left eye the lens seems to be adherent at the upper part of the pupil, but a small portion of clear pupil is visible at its lower edge. He finds his way better than before the operation.

November 13th.—“Jemmy,” my patient, has been in the country since last report. The right pupil is now nearly free, the diminished lens occupying only a small portion of its lower edge. In the left pupil a small portion of the cataract is seen at its upper edge; but it seems nearly transparent, and appears, as does that of the right eye, to be still in process of absorption. He evidently sees. He does not run against objects; and I am told undertakes of his own accord excursions from the stable where he is usually kept, which he had not attempted to do during his blindness.

27th.—The relics of the two cataracts seem to have become diminished since I last saw him, and have a honey-combed appearance, absorption evidently still going on. They do not constitute an obstacle to vision; and could the patient, like bipeds who have undergone operations for the removal of cataract, enjoy the benefit derived from double convex spectacles, his sight would doubtless be perfect.

It will afford me great pleasure to show the subject of this narrative to any of my colleagues who may be interested in seeing him. The case is not without interest in a practical point of view, since it proves that valuable animals, as horses, may be restored to sight; the administration of ether giving facilities for the performance of the operation which greatly increase the chances of its success.

33 *Essex street, Boston, Dec. 1st, 1852.*