mother's arms, but could not stand upon it. The history was remarkable, it being stated that the child fell and struck his leg, and on the following day it was perfectly helpless. On careful examination, no signs of any injury could be discovered, but the case presented the features simply of infantile paralysis. At the end of a month the child had improved considerably.

CASE 7.—Henry S—, aged eleven months. Three months before, he was taken unwell and had slight convulsions. It was afterwards noticed that the right leg was weak, and this has been quite paralysed since. Galvanism, &c. At the end of six weeks he left in much the same state.

CASE 8.—Geo. P—, aged fifteen months. Two months ago the child was weaned, and soon afterwards became ill, but had no convulsions or symptoms of head affection. It was soon discovered that the right leg was paralysed. Before this he could walk alone. Galvanized. Left at the end of the month no better.

CASE 9.—Geo. L—, aged three years. Eight months ago was ill, and under medical care for his head, but had no convulsions. He was a long time ill, and the mother was unaware whether the leg was affected then or not, but only on recovery four months ago did she discover that he was unable to walk on account of weakness of the right leg. Has been unable to walk since. Child only came twice.

CASE 10.—Wm. C—, aged twenty months. Three weeks ago the child was ailing, which the mother supposed was due to the teeth. Had no fits. Soon afterwards it was observed that the left arm was utterly powerless. The child is delicate, with a large head. Ordered embrocation, use of arm as much as possible, and afterwards galvanism. At the end of a month the arm was much stronger, the child could grasp with it, and the case was evidently doing well.

CASE 11.—Charles F—, aged two years. Been paralysed several weeks in the right leg. No cause could be discovered for it. Galvanism, &c. In the course of six weeks the leg had so far improved that the boy could stand upon it, but he could not yet walk.

CASE 12.—Anne F—, aged one year and a half. Four months ago she had an illness, the nature of which the mother is not aware of; but when she had recovered it was found that the child had lost the use of her right leg. The limb is now quite powerless, dangles about as moved, and muscles wasted. Galvanism, &c., ordered. At the end of two months, when left, some improvement had taken place.

Since this form of paralysis is usually met with in young children, it has been considered to have a special pathology. It may be only true, however, that patients at this time of life are more liable to a morbid condition, which may occasionally occur at any age.

CASE 13.—James R—, aged fifteen. Three months ago he was unwell. Slightly feverish, and kept his bed a week. On getting up, he found his right arm was so feeble that he was scarcely able to use it. He now cannot raise his arm from his shoulder; but when resting it on a table can use the muscles of forearm and fingers. Can discover no local cause for the paralysis, and the boy is in excellent health. Galvanism ordered. When he left at the end of six weeks he was considerably better.

The above cases do not, unfortunately, throw much light upon the pathology of the disease; but some of them do show that the statement of the necessary existence of a cerebral lesion is an assumption. In none of them whilst under treatment was there any contraction of the tendons commencing to take place.

ST. BARTHOLOMEW'S AND THE ROYAL ORTHOPÆDIC HOSPITALS.

INFANTILE PARALYSIS; TALIPES EQUINUS.

(Under the care of Mr. HOLMES COOTE.)

At St. Bartholomew's Hospital on the 11th instant, we saw a case, under the care of the above gentleman, showing in a very early stage the symptoms of that serious disease of the nervous centres, which sometimes terminates fatally, at other times leads to permanent loss of power in different sets of muscles, for the most part in the lower extremities.

An infant at the breast, born at the full time and well formed, became dull and heavy on the night of the 10th inst., and the mother, a very intelligent woman, noticed that the toes were contracted. As soon as day broke she brought the child to the hospital, where it was seen by Mr. Coote. The

face wore a placid and not unnatural aspect; but the child, on closer examination, was observed to be listless, and did not even cry when freely handled. Both arms retained the power of movement; but the lower extremities hung powerless. They were of the natural temperature, and normal in appearance; indeed, the feet seemed slightly redder than natural; but there was very marked diminution in the power of the will over the muscles, and the sensibility was so faint that the child uttered no cry when the skin was raised and slightly pinched. The toes of both feet were firmly bent towards the sole in contraction. The gums were freely lanced over the upper incisor, anterior molar, and canine teeth. Tartar emetic was ordered in small doses, and an occasional purge was directed to be given.

Five months ago, another child was seen in the same hospital in whom an interval of six weeks had taken place after the first attack. The severity of the head symptoms had subsided. Muscular power had returned in all the limbs save the left lower extremity, and in that one the muscles were in a state of atrophy, and the limb half an inch less in circumference.

The following case illustrates the further progress of the affection:—

Agnes P—, aged twelve, was seen at the Royal Orthopædic Hospital on the 9th of April by Mr. Coote. The mother stated that the girl, when two years of age, came home one day from school, complaining of sudden and severe pain at the back of the neck. In the course of a few hours she lost the use of the lower limbs, and was carried about for six weeks. The power of movement slowly returned—completely in the right lower extremity; incompletely in the left, which speedily became colder, smaller, and shorter than the opposite. After an interval of ten years the affected limb presented the following appearances: The heel was raised, the ends of the metatarsal bones and the toes touching the ground in progression (talipes equinus). The whole limb was smaller in circumference than the opposite, and an inch and three quarters shorter; but yet it was firm to the touch, though somewhat weak. She was apt to fall when walking quickly, but could move about with ease. The great annoyance proceeded from a tendency to “sprain her ankle” on any slight slip or stumble.

Now, in consequence of the irregularity in the length of the limbs, the little girl was the subject of a lateral curvature of the spine, proceeding from an inclination of the trunk towards the right side, to assist in the maintenance of the balance; and it was for this deformity that the child had been brought to the hospital, the cause of the curvature having been overlooked.

Jane B—, aged five years, was brought to the Orthopædic Hospital on the 9th instant, suffering from paralytic talipes equinus of the left side. The mother said that eight months ago the child, who for some days previous had been fretful and impatient at going to her lessons, came home from school one day limping, as if with a stone in her shoe. On the same night she was sick. In the morning the left lower extremity was found cold and powerless. In a few weeks the heel became raised in its present position. In this case the teeth were prematurely decayed, and the whole process of dentition had been attended with more than usual pain and disturbance.

Jane R—, an infant of twelve months, was seen on the same day by Mr. Coote at the Orthopædic Hospital, suffering from talipes equinus of the right leg. The mother said that teething commenced at the third month. For six weeks she was restless and in pain, starting in sleep, and tossing the head on the pillow. At the end of this time the mother noticed one day that the child had lost the use of both legs, and that she cried very much when she was touched. In the course of a few weeks the left leg recovered completely, the right only partially, the flexor muscles pulling up the heel in the position of talipes equinus. During the period of her illness she became very thin, but is now stout and well nourished.

It will be noticed that in the cases related above there has been paralysis, partial or complete, of one set of muscles, the opposing set drawing the foot into an abnormal position, attended with a more or less rapid atrophy of the limb; but there are other cases of a different character, in which the heels are drawn up, the knees bent, and the thighs flexed and adducted, the limbs being thus held in a state of spasmodic contraction, unattended by local atrophy. In the former class of cases there is supposed a loss of nerve power; in the latter the power exists, but is not under the control of the will.

Catherine L—, aged nine years and a half, is the first child of a tradesman's wife, living in a healthy part of Essex. She was born prematurely at the seventh month. The mother attributed the event to a sudden fright. She was holding a

horse by the rein, when the animal ran away, and dragged her for some distance round the stable-yard; she was obliged to keep very quiet afterwards, and was confined six weeks after the accident. She said that the child, when born, weighed only two pounds; that it lay motionless, and did not open its eyes for many days. At the second and third month it screamed violently every night; but this state of excitement subsided. It never walked, but the present condition of the limb, which has been gradually getting worse, was first noticed at the third year.

Nov. 20th, 1862.—She cannot stand or walk without support on both sides, and the movement of the limb, even then, is most limited. Both thighs are bent on the pelvis and adducted; the knees are slightly bent; both heels raised in the position of talipes equinus. Both limbs are colder than natural up to the knees, but there is no marked diminution from the normal size. When she first gets out of bed in the morning she complains of a dragging feeling in the calf of either leg. After standing for a time, supporting herself by a table, she sometimes falls suddenly backwards, and bruises herself.

When she was six years of age the Achilles tendons were divided, and she was directed to wear suitable irons; but in course of time she outgrew the instruments, and their further use was discontinued. Almost immediately the contractions recommenced, attended with severe spasms of the hands and feet.

She is a child quick of apprehension, but possesses no power of application. She is very nervous, easily frightened, easily moved to tears or laughter, naturally very timid and diffident; but she has not the mind to be pressed with books, and can only just read a little of the Bible (which passages she has most probably learned by heart) or some of the simplest infant books. She still starts very much in her sleep. The bowels are now regular, but are apt to be confined. Mr. Coote ordered some aperient medicine, to be followed by small doses of tartar emetic in decoction of bark.

On Nov. 30th he divided the right tendo-Achillis, and on Dec. 30th the left tendo-Achillis. Both tendons after reunion were extended to the required length. Subsequently a steel apparatus made by Mr. Ferguson of Giltspur-street was fitted on. It consisted of a steel pelvic band, and of side irons extending to the boots, supplied with straps to draw the lower extremities into a useful position.

March 24th.—She can now walk with comparative ease, the soles of the feet being flat on the ground, the legs straight, and the knees possessing a little motion. She wears the irons continuously.

In this case there was evidently an imperfect state of development of the nervous centres; the intellect was feeble, and there was no proper amount of control over muscular action. In some cases the loss of power in one set of muscles first shows itself after some eruptive disorder, and may be either sudden and complete, or slow and progressive.

Lucy M—, aged six years, the daughter of a cabinet-maker, a well-formed but delicate child; born healthy; had measles when one year and nine months old. The mother remarked, when the child was convalescent and able to leave her bed, that “she dragged the left foot after her.” She attended as out-patient at one or two hospitals, but obtained no benefit from treatment.

Jan. 21st.—The mother brought the child to the Orthopædic Hospital, saying that the difficulty in walking had slowly and by almost imperceptible stages increased until the child was unable to move about with any comfort. There was partial paralysis and loss of power of the extensor muscles of both limbs, and incipient contraction of the muscles of the calf, producing a tight condition of the Achilles tendons. The heels came with difficulty to the ground, and any uneven act of the feet, such as that required in going down stairs, was troublesome. Moreover, the stiffness of the feet and ankles became more severe from year to year. The Achilles tendons were divided and extended to the required length in both feet, and proper general treatment was adopted for the improvement of the health.

This case leads us to mention the existence of a contraction which the surgeons of the Orthopædic Hospital seem without exception to recognise—namely, “rectangular contraction of the feet.” The heels may be raised, the sole put flat on the ground, but the foot cannot be raised towards the front of the leg beyond the right angle; hence, in walking, the toes are apt to catch in any irregularity of the surface, and in going down stairs there is a tendency to fall forwards. In course of time the arch of the foot will sink, and the patient complains of an aching, painful sensation in the feet in the act of walking.

Such affections proceed from some reflex action in the spinal cord, and are not uncommon in connexion with uterine disturbance among young females in the better classes of society. In most cases the division of the tendo-Achillis is ultimately necessary.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

FIVE CASES OF CATARACT—THREE IN ADULT FEMALES—TREATED BY EXTRACTION; TWO IN CHILDREN, TREATED BY DISCISSION.—CLINICAL REMARKS.

(Under the care of Mr. ERNEST HART.)

ON Wednesday week last Mr. Hart operated for cataract on a female aged sixty-three. She had enjoyed tolerably good health, but had suffered much trouble in life, and had fallen into a condition of feebleness. The difficulty of vision had occurred gradually, and without any inflammatory or congestive symptoms. A double arc, of pearly whiteness and unusually broad, surrounded each cornea. Both lenses were very opaque, but the obscurity was greatest on the right side. Mr. Hart operated by the upper section; Mr. James Lane fixing the eye by means of blunt forceps, seizing the conjunctiva and subconjunctival tissue. The patient was very unruly, and had not the eye been fixed in this manner it would have been very difficult to complete the operation. After extraction the eye was at once closed, and a single turn of bandage applied so as to exclude the light.

In reference to this case and to two other female patients in the Ophthalmic Department successfully operated upon for cataract by extraction, Mr. Hart observed that all three had been the subjects of cataract in both eyes. Under such circumstances, some surgeons recommended operation on both eyes at the same sitting. He always preferred to operate on only one eye at a sitting; the trifling inconvenience to the patient of twice undergoing treatment, if it were desired to remove the opacity in each eye, being amply compensated by greater security. When the operation of extraction for cataract was dexterously performed, and with the aid of a skilful assistant, it rarely failed, except from some secondary accident, brought on by coughing, vomiting, a blow, &c. Some of these, if they occurred, were very likely to affect both the eyes operated on; and if one was attacked, the other was very apt to sympathize, and both eyes had in various instances been sacrificed. If any constitutional cause unfavourably affected the progress of reparation after operation on one eye, the experience so gathered might be laid to heart, and aid in the subsequent preparation for restoring sight to the remaining eye. Usually, when a patient had undergone a successful operation on one eye, she was well satisfied with the useful vision acquired. Sometimes, as in one of the present cases, the restoration to sight of the second eye also was desired, after the operation on the first had succeeded. This involved only a week or two of rest; and having experienced the very insignificant sensation of pain which accompanied the operation, and the absence of any after-sufferings, patients did not look forward with any nervousness or horror to the second operation, and were usually more docile and tranquil than on the former occasion. In one of the patients he had operated on the right eye by the superior section, and on the left by the inferior; so that the results of the two operations were seen side by side: they were equally successful. The arcus senilis was very strongly marked in the case just removed, but, although held to be indicative of fatty degeneration of the tissue, experience had shown that the incision carried through this part healed as readily as that carried through the transparent tissue of the cornea. No doubt this would be observed in the present case. The existence of the senile arc or circle did not interfere with success.

In two cases of cataract occurring in children Mr. Hart this week employed the needle operation. The one was traumatic, the other congenital. He pointed out reasons for preferring this operation in such cases, and in the congenital cases for employing chloroform. In both, the needle was introduced through the anterior chamber, the capsule freely lacerated, and the cataract partially broken up. In children this proceeding excites wonderfully little irritation, and absorption goes on with them very rapidly.