avoided expressing a positive opinion as to the cause of this; but I have now been led to differ from the conclusions entertained by Mr. Ware and M. Sichel. Mr. Ware explained the phenomenon on the supposition that, in consequence of absorption of a portion of the vitreous humour, the sides of the sclerotica were pressed inwards by the action of the muscles, the effect being to lengthen the axis of the eye, by which the aberration becomes corrected. M. Sichel considers this apparent return of the power of accommodation as in reality a shortening of the visual focus, caused by the use of too strong convex glasses.

I have recently had the opportunity of studying four cases of this description, and have quite satisfied myself that, in them at least, the change from presbyopic to myopic sight was premonitory of hard cataract.

I have observed that myopic persons, who become affected with cataract, increase the power of their glasses to the very highest numbers, even to No. 14. It is often considered that the need of higher and higher glasses under these circumstances is a delusion, and that the mere fact of the vision becoming more and more imperfect leads the patients to seek increased assistance in stronger glasses; yet, as the highest concave glasses diminish objects to almost microscopic minuteness, it was difficult to believe that they really afforded assistance. Observation has, however, led me to believe that the assistance was not imaginary; and the reason is probably this. In all cases of hard lenticular cataract, the crystalline lens becomes closer and denser in structure, and generally rather flattened in shape; but the flattening is in some cases less in proportion than the increase of density. By this increase of density, the refractive power is altered, and consequently the focal distance is shortened; so that a myopic eye, which formerly derived sufficient assistance from lenses Nos. 6 or 8, needs Nos. 12 or 14 for reading, or seeing moderately distant objects.

To an analogous change* I refer many of those singular cases in which old persons lay aside their convex presbyopic glasses, being able to do without them, or find themselves under the necessity of using concave or myopic glasses. The increase in density may be sufficient to counteract the changes which had previously diminished the refractive power, and to restore to the eye its natural focal distance; or it may go a little further, and cause the image to be formed in front of the retina as in near sighted persons. Such a change in the density is not necessarily attended with so much diminution of the transparency of the lens as to materially interfere with vision, though I believe the sight is always a little impaired, which the patient properly sets down to the account of old age; but, in many cases, the change goes on; the lens becomes shrunken and amber coloured; and the patient is sooner or later pronounced to have hard cataract.

The characteristics of the cases which I have seen have been these. A person, about the middle period of life, has taken to glasses, which have been increased in power as years rolled on. He has numbered perhaps seventy summers, when he finds the high powers less agreeable than the lower, which are resumed; but, after a time, they too, strain the eyes. Perhaps glasses are altogether laid aside, and the fortunate individual receives the congratulations of his friends on his renewed juvenility. In some cases, the sight is far from clear, and objects are held near the eyes to be discerned; accidentally, perhaps, he looks through a concave glass of low power, and is agreeably surprised at finding his sight improved. As these symptoms occur in advanced life, the persons may die before other phenomena present themselves, and the true nature of the case may never be discovered. But if the parties live, the sight, sooner or later, becomes little by little obscured, and the characteristic symptoms of hard lenticular cataract are established. I have often been struck with the slow progress of some of these cataracts. During the last ten years I have, from time to time, examined the eyes of a clergyman who consulted me in 1843, for slight imperfection of vision. In his right lens two small striæ were then visible; in the left lens there were three; the nature of the case was explained to him, he has taken great care of his eyes, and although there is now a general haze in both lenses, he has sufficiently useful vision to perform his clerical duties. Another patient, a physician, has had cataract fully formed in the left eye for six years, and incipient cataract has existed in the right for nearly the same time; but it has been so stationary that he still reads and writes.

The formation of cataract, then, may be so gradual that it may have made considerable progress before the patient will admit that his sight is much impaired; I have known patients almost angrily protest that their sight was good—not quite so sharp as it used to be, but still very good—when decided cataracts were plainly visible. The fear of the proposition of an operation may lead them to make the best of matters, but there is much self deception in many cases.

In the four last cases of sight changed from presbyopia to myopia, which have fallen under my observation, careful inspection, at intervals of two or three months, has traced the change of structure from the first faint indications to the unmistakeable characteristics of hard, lenticular cataract; and, as a general rule, such cases should be carefully watched, for it commonly happens that persons who appear to have recovered their pristine sight in the manner described, are disposed to take liberties with it and to use their eyes more than is prudent. They should be warned against this; for though art can do little directly to arrest the progress of cataract, congestive action of the eyes may be prevented by the patient abstaining from over exertion of those organs, especially by artificial light; and he ought to be careful so to arrange his position when reading or writing, that the object on which he is engaged should be well illuminated, but the eyes kept in the shade, and protected from the injurious stimulus of heat and glare. He should always use the blackest ink, write a bold hand, and above all avoid reading small and indistinct type.

19, Berkeley Square, October 1853.

* Since this paper was written, I have conversed with a distinguished Viennese ophthalmologist, Dr. Meyr, and find that he had arrived at the same conclusions as myself, as to the nature of the cases in question.

TWIN PREGNANCY: ABORTION OF ONE FŒTUS IN THE THIRD MONTH, THE OTHER ATTAINING THE FULL PERIOD.

BY G. G. BROWN, Esq.

Mrs. W., aged 30, a dress-maker, had suffered, up to the time of her marriage, about twelve months since, from irregular menstruation, vicarious with which there was occasionally excessive intestinal mucous irritation. She has also suffered for some two or three years from spinal irritability, slight lateral curvature of the spine; and, when engaged more than usual in her business, she had, as the result of the disordered condition of the spinal column, severe spasmodic contraction of the extensors of the hand and forearm. These symptoms were always relieved by a tonic plan of treatment, rest from work, counter-irritation, sea air and bathing, and the exhibition of chalybeates. By the advice of one of our most talented provincial physicians, she got the common spine support, with crutches for the arms, etc., in the hope that she might resume her business; and its adoption gave very decided relief to the muscular contractions, but was shortly succeeded by dyspnœa and cough, bearing a close analogy to spasmodic asthma, and relieved by the same class of remedies.

The catamenia, having ceased to flow on the 5th of January, 1853, were succeeded by the usual symptoms of pregnancy. On the 10th of April, I was summoned to my patient, when I found she had aborted of a fœtus of the size and development of ten weeks, or thereabouts. Some kind of clot (which had been disposed of) had preceded the

escape of the fœtus, and, I presume, contained the membranes and placental mass, as no subsequent clot or hæmorrhage followed it. On the following day, she was about again; and (looking at the delicate health of my patient) I congratulated her on getting so well through it.

From her miscarriage till the 6th of July, I did not visit my patient, but at this time was consulted by her on account of the large size of the abdomen, which she attributed to dropsy, or other visceral enlargement from disease. On making an external examination, I found a tumour of the size, and having the position of a gravid uterus at six months. On questioning her as to the symptom indicating fœtal viability, she could not speak positively (being her first pregnancy), attributing such movements to flatus. Whilst observing to her that I should wish to test the presence of a second child by applying my *cold* hand to the abdomen, I, on the instant, felt what I could not mistake as the fœtal movement, and, extraordinary as it appeared to my patient, gave my opinion accordingly. I have only to add, that her health had much improved since her miscarriage; the dyspnœa and cough had passed away, and she had taken nourishment with advantage to her strength.

On the 1st of October, the waters came away with very slight pains; and these continued at intervals, with some discharge of the same kind, till 4 A.M. of October 5th, when decided uterine contractions set in, and, at half-past nine A.M., she was delivered of a lively healthy male child, of the average dimensions of a nine months' gestation.

By a reference to Dr. Tyler Smith's method of calculating the period of pregnancy, it will be found that, by taking January 1st (the day when the last catamenia appeared) as the commencement of our reckoning, October 5th will be found as the tenth return of the catamenial period.

Stourport, Worcestershire, October 28th, 1853.

ASSOCIATION INTELLIGENCE.

MEDICO-ETHICAL COMMITTEE.

This Committee met in the Freemasons' Tavern on Thursday, November 3, at 3 P.M. The members present were Dr. Ogier Ward, of Kensington, W. H. Michael, Esq. of Swansea, Dr. Woodforde of Taunton, and J. S. Bartrum, Esq. of Bath. A sub-committee was appointed to prepare a draft code of ethical laws, to be forwarded to all the members of the Committee, and then discussed at a general meeting of the Committee to be held in January or February. The place of meeting was not fixed.

N.B. In the list of members of the Ethical Committee, published at p. 948, we omitted the name of Dr. Barclay of Leicester, Secretary for Leicestershire (Midland Branch).

METROPOLITAN COUNTIES BRANCH: PROCEEDINGS OF THE COMMITTEE ON GRATUITOUS MEDICAL SERVICES.

The members of the ASSOCIATION are aware that, at the annual meeting of this Branch, held in July last, Sir JOHN FORBES, M.D., D.C.L., the President, in the chair, the following resolution was carried unanimously:—"That a Committee be appointed to inquire into the evils which are said to flow to society and to the medical profession from the practice of giving gratuitous advice indiscriminately and unnecessarily." (*Vide* JOURNAL, July 22.) Eight gentlemen were appointed, with power to add to their number.

The Committee first met on the 5th of August, when Dr. Cormack was appointed Chairman, and Mr. Charles, Honorary Secretary. It was resolved to request several gentlemen to join the Committee. They for the most part acceded. A complete list of the Committee was published in the ASSOCIATION JOURNAL of Oct. 28th.

A sub-committee was appointed on the 5th August, "to arrange a plan of proceedings, to be submitted to the next meeting.' This meeting took place at 3 P.M. in the Freemasons' Tavern, on the 3rd instant. The following members were present:—Henry Ancell, Esq.; C. T. Carter, Esq.; Thos. Charles, Esq.; John Rose Cormack, M.D.; R. Payne Cotton, M.D.; Patrick Fraser, M.D.; A. Halley, M.D.; Henry Lee, Esq.; C. F. J. Lord, Esq.; W. O'Connor, M.D.; R. R. Robinson, Esq.; T. O. Ward, M.D.; and George Webster, M.D.

The chair having been taken by Dr. CORMACK, the sub-committee presented their report, including a series of queries, proposed to be extensively circulated amongst the members of the profession. The queries were discussed *seriatim*, and were unanimously adopted for circulation in the following form:—

1. Are you acquainted with the practical working of any medical charities? If so, state their names: the number of patients relieved annually, in doors and out doors: the annual expenditure in each: the salaries paid to legally qualified medical officers: also the number and denomination of medical officers giving their services gratuitously.

N.B. The last annual report, if forwarded to the Committee, will aid their inquiries.

2. State the classes or denominations of the poor whom you consider the proper recipients of gratuitous medical services in these institutions.

3. State the classes, orders, or denominations of the community habitually receiving gratuitous medical services in these institutions whom you consider *not* to be proper objects of charity, with any information you can append as to their circumstances and habits of life.

4. Give particular instances of the abuses (if any) of these charities.

5. State the character and efficiency of the gratuitous medical services rendered at these institutions,—such as the time bestowed by the medical officers; the average number of patients seen on each day by each officer, etc.

6. Are you acquainted with any facts relating to the system of gratuitous medical service by private practitioners? If so, state them, with any particulars calculated to aid the Committee in arriving at correct knowledge as to its extent and bearings.

7. State generally your opinions as to the effect of gratuitous medical services as at present afforded:

i. On the public:
ii. On the Science of Medicine: and
iii. On the profession in a moral, a social, and a pecuniary point of view.

Illustrate your opinions as much a possible by facts.

8. Mention the gratuitous medical services to your knowledge given by the profession to classes of society respecting whom *charity* is quite out of the question.

9. Name the sick clubs, provident and self-supporting dispensaries, in your neighbourhood, and give your opinion of their effects on their members, and on the medical profession.

N.B. A copy of the rules and reports would be very useful to the Committee, and also information on the following points: average per centage of members on sick list; average duration of illness; average pay per case; whether membership is limited within a certain amount of income; and if so, within what amount.

10. Can you give any information regarding the origin of the sick clubs, the provident and self-supporting dispensaries, and the medical charities with which you are connected, or which exist in your neighbourhood?

JOHN ROSE CORMACK, *Chairman.*
THOMAS CHARLES, *Hon. Secretary.*

The sub-committee having been reappointed, (with the addition of Dr. Cormack,) was entrusted with the circulation of the queries, and with ascertaining the best manner of procuring fur s for the purposes of the Committee.

J . Cantrell, of Wirksworth, attended the Committee, and communicated much valuable information regarding the club system. The next meeting is to be held in January or February.