asunder, and the integument will be drawn on to the operator's knife, and be divided.

In dividing the tendo Achillis, the knife should be held obliquely, and passed beneath the tendon, the patient being prone and the heel presenting upwards. The cutting edge being then turned upwards towards the tendon, this will be divided in withdrawing the knife, slight upward pressure being made at the same time. When it is severed, the tendon yields with a snap. This depends, however, almost entirely on the manner in which the foot is held; but resistance immediately ceases, and the operator is then aware that the section is complete.

On withdrawing the knife, the wound should be closed with lint and adhesive plaster, and the patient should remain in the recumbent posture during the remainder of the day. When the puncture has healed, extension may commence, and be continued slowly, until the desired position of the limb has been acquired. Except in experienced hands, however, this extension is dangerous. It is apt to be carried on too rapidly and too far. Extension can scarcely be too slow; and it is infinitely better that it should be too little rather than too much. The latter is irremediable. But, with some aptitude for the treatment of these cases, and with care in the management of them, they may without difficulty be brought to a successful termination.

Illustrations

OF

HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

WESTMINSTER HOSPITAL.

CLEFT PALATE: OPERATION: CURE.

Under the care of CHRISTOPHER HEATH, Esq.

[Reported by MR. WATTS, House-Surgeon.]

WILLIAM C., aged 16, was admitted into Henry Hoare Ward on February 8th, 1864, with congenital cleft of the soft palate. The split extended through the whole length of the soft palate; but the parts were well developed, and the fissure was not a wide one.

February 9th. Mr. Heath performed the operation of staphyloplasty after Mr. Fergusson's method, but with wire sutures. The levatores palati muscles were freely divided, and the soft palate was well loosened from its attachment to the bone in front. A thin slice was then removed from each side with a double-edged knife, and the sutures introduced. In introducing the sutures, Mr. Heath used an ordinary curved needle, with a loop of silk on the right side, and a needle with a moveable head carrying a fine wire on the left side; the end of the wire was then bent into the loop of the silk, and was drawn through the flap of the opposite side from behind forwards. Two wire sutures were thus introduced, which kept the parts well together. The boy behaved pretty steadily, but required a good deal of persuasion to allow the operation to be completed. He was ordered milk diet, strong beef-tea, and extra bread.

February 10th. The parts looked healthy, and were in good position.

February 16th. The front part of the cleft was

quite united. Mr. Heath removed the front stitch. The patient was ordered to use alum gargle.

February 18th. The posterior stitch was removed. Union was complete throughout; and the remnant of the uvula was in its proper place. He was made an out-patient.

In some remarks upon this case, Mr. Heath said that he preferred Mr. Fergusson's mode of operating to Mr. Pollock's (which was performed on the same day by Mr. Power), as it avoided all injury to the palate itself, and also enabled the surgeon not only to divide the muscles, but to free the palate itself from the bone to a considerable extent, which he considered a very important matter. The use of wire for the sutures was very advantageous, not only as avoiding irritation, but because the two sides could be more accurately fitted together than was possible with silk suture. Mr. Heath said that he preferred a needle with a moveable point for introducing the wire, because he found it difficult to draw the wire out of the eye of the ordinary needle, but was easily able to grasp the eye of the needle and draw it forward with the wire attached.

Original Communications.

CASE OF CATARACT: WITH REMARKS.

By HAYNES WALTON, F.R.C.S., Surgeon to St. Mary's Hospital, and to the Central London Ophthalmic Hospital.

Cataract in a very Feeble and Enervated Old Man. Preliminary Treatment. Influence of Age and Debility on Success in Operating. Retraction of the Eyeball and remarkable Prominence of the Eyebrow. Operation, and Difficulty in overcoming the Mechanical Obstacles. State of the one Eye, by which Spontaneous Dislocation of the Cataract occurred. Fluid Degeneration of the Cataract in the other. Question of Chloroform. After-Treatment. Result.

As I never met with a case like this, with such a combination of physical peculiarities, rare morbid states, and strongly marked general characters, I determined to make it the subject of practical remarks, not only on account of the abundant materials it supplies, but because I believe that, as the many facts are gathered from a single individual, they will be more impressive than if they were derived from several sources.

This gentleman was seventy years old. On the subject of age, and its influence in the extraction of cataract, I am often questioned. Mere age in itself matters nothing. There is no limit in time, provided a person be strong in proportion to his years; but, most surely as senile feebleness is premature, and as the diseases incidental to the later term of life creep in and destroy vital force, so does the average of failures increase. Hence it is that a man of eighty may afford a better expectance than another of sixty. It would not be easier to point out here than in operations on other parts of the body, the source of adverse influence; and I will but observe, that the want of adhesion of the cornea—a common feature in the most frequent instances of bad result—is, I believe, an effect of something wanting or wrong elsewhere (I mean constitutionally), and not the mere miscarriage of a simple local process, due to a mechanical cause.

My patient was naturally thin and feeble, but now he was unusually depressed from sea-sickness and

the want of suitable food. In a few weeks, however, all that was attainable was accomplished. This leads me to speak of preparatory treatment, about which I have no lack of inquiry from patients and professional men. Now, there is much mystery and fallacy afloat on this head. Very little scope, especially among the rich, really exists for medical aid beforehand, except when, as in the example before us, some cause has directly impaired the health. Then we must try and improve a constitution, suffering from induced debility, to the highest standard that the idiosyncrasy of the person will allow. But vital force is not to be found in drugs. If a man is healthy, leave him alone; he may be disimproved by medicines. Nor is it necessary to reduce the food, and to purge, if there be an appearance of good health. Towards the limit of the natural term of life, we should not, without ample necessity, cut off the accustomed nourishment or the usual stimulants; and it will be better not to meddle with a long habit of costiveness, than to risk the chance of irritating the stomach and bowels with physic.

A plethoric state from over-feeding and want of exercise, which used to be written about so much in the last generation, I very rarely see among the aged with cataract. Of course, it requires attention; but a big belly and a fat face must be distinguished from plethora. Any derangement of the digestive organs, which may interfere with the functions of assimilation and nutrition, demands much attention, because, in such a state, destructive inflammation is apt to follow local injury. A whitish tongue, or one that is loaded, will accompany such a state; but, as the aged are apt to have a rather coated tongue, I particularly look to the urine, and regard the deposit of uric acid, or of the urate of ammonia, as sure indications of dyspepsia, or excess of nitrogenised food, or of fever; and that of phosphate of lime, or the triple phosphate, of the opposite states of prostration and nervous depression.

I found, in the example before us, three physical conditions which make the operation of extraction unusually difficult. The eyebrow was very prominent; the eyeball much retracted, and its anterior chamber very narrow. An operator must decide for himself when such limits are passed, in any of these states, as will oblige him to modify, to alter, or to abandon the mode of operating under ordinary circumstances. I found it absolutely impossible to extract by the upper section—that which I considered incomparably the better. However, I managed to accomplish the lower to my complete satisfaction. But then I used an under-sized knife; and my assistant depressed the lower eyelid with a wire retractor, for which I never before saw the necessity, as there was no room for the finger; and steadied the eyeball with a pair of forceps. The difficulties were not without a practical bearing; because, as far as my experience goes, I settle for myself the question of the possibility of overcoming any natural difficulty opposed to the execution of the operation; and I believe, what I have long suspected, that, except when there is a malformation, congenital or acquired, extraction is not impossible; and if so, that the badly devised operation of depression need never be resorted to. I have not employed it for many years. I may say, in parenthesis, that the beautiful operation for solution—the most certain and sure, as applied to cataract, of any ever invented—is inapplicable to the aged, except the cataract has become soft by degeneration and disintegration.

But all the difficulty did not cease when the preliminary steps were made. Directly that I commenced to use the curette, I found that the cataract was loose, having separated with the capsule from

its natural attachments at the circumference. The greatest nicety was required to hook it out; and I accomplished my object without any loss of the vitreous humour, or prolapse of the iris. It is enough to say, without going into minute anatomical detail, that this dislocation was due to the breaking down or softening of the parts which in health hold the circumference of the capsule, and keep it with the lens in position. Sometimes the cataract is dislocated by the slightest touch of the curette; but the displacement may be spontaneous, occurring without an operation, and be complete or partial; in the latter state, it swings as on a hinge. This is for the most part in the aged. In young persons, the partial spontaneous detachment may exist without cataract; but I have not seen it unaccompanied with chronic inflammation of the eyeball. A knowledge of this pathological state serves in two ways. It should make an operator very careful in the use of the curette, as it is often present, and perhaps is never absent in some degree in all cases of capsulolenticular cataract in the aged. Then it affords an explanation for the so-called natural and sometimes sudden cure of cataract. Many of these cases, attributed in former times to all kinds of causes in the spiritual and material world, have been recorded. The dislocation, whether complete or partial, requires a fluid state of the vitreous humour. Although the true nature of the accident was known before the ophthalmoscope came in, our present better means of examining the eye help us out of some difficulties connected with it, that occur now and then.

The loss of transparency of the lens is then very frequently associated with unhealthy changes in one or more parts of the eye, especially in the aged. An operator, in the pride of his skilfulness, should not forget this, and fall into the error of speaking too confidently of the expected success of his operations, and so promise more than the nature of circumstances will allow.

Now for a few words respecting the left eye. I shall pass over the first parts of the operation, as they were done in the same manner, and under the same difficulties, and with equally happy results. But I must notice a certain change and destruction of the cataract. When using the curette, with, of course, immense care, out gushed a sepia-coloured fluid, the result of one form of fluid degeneration of cataract. This was a troublesome complication; it obscured the chambers of the eye for a time, and rendered any proceeding uncertain. At last I saw that the cataract had not quite dissolved; about half remained, and which I scooped out. This partial conversion of the opaque lens-fibre into a fluid is only a more advanced degree of what may be called the commonest change in a cataract, that of softening and disintegration of the superficies, the fullest accomplishment of which is complete fluid degeneration of the entire cataract; which, however, is very rare indeed. The only matter in connexion with this fluid change in part, or in whole, worth mentioning, is, that it may not be possible always and beforehand, in old persons, to distinguish with certainty between the dark mahogany full-formed cataract and it, by any subjective or objective signs. After all, there is no practical disadvantage arising from this; for, if there be the nucleus of the cataract remaining—the usual occurrence—it will be the easier extracted through an ample opening in the cornea; and, if not, the fluid in which abounds broken-down lens-fibres, cholesterine, and oil-globules, had better be evacuated by a free incision, as it is an irritant to the eye, and often, besides, causes severe general disturbance.

Chloroform was not used. In old, feeble persons,

it very often produces a depressing effect, which, I believe, materially interrupts the necessary process of local repair. This is not to be wondered at when there is nausea for a day or more, with headache and febrile excitement, and inability to take food for a longer period. The circumstances under which I should sanction its employment must indeed be rare.

I am in the habit of attributing much of the success of my extraction cases to the after-treatment, of which I can only notice a few points. The operation in itself has a lowering and reducing effect; and the indication is, to supply, to support, and to restore. Besides this, under ordinary conditions, an accustomed supply is needed for accustomed waste and nutrition; and we most certainly make a step in the wrong direction when we cut off the supplies. Wholesale food, given in a state of system capable of assimilating it, will not produce diseased action. Starvation is no safeguard against inflammation, while it frequently retards the needed reparation. An old person fed on slops is almost sure to have his digestive powers impaired. From the first, then, I allow the usual diet, at the usual times, but in careful moderation. I do not absolutely prohibit accustomed stimulants. In this case, a full diet and the ordinary quantity of brandy were taken. I avoid as much as possible long confinement to bed, in order to prevent the enfeebling effect. I insist on the couch and easy chair as soon as possible. Then there is nothing I am more particular about than keeping the eye quiet; for the more it is disturbed, the more will it be irritated. I do not take off the court plaster I apply after the operation for four or five days, except it be uncomfortable, when I renew it; and I rarely ever open the eye under a week. The highest attainable result is to be got only by this.

My case ended well. The right eye healed rapidly, without pain or even uneasiness; and sight was restored. In the left, irritation ensued, and was kept up by a minute prolapse of the iris. When my patient left England, three weeks after I operated, there was yet some intolerance to light and redness of this eye; but he could read large type. I was sure that only time was wanted to make it as good as the other.

ON IMPETIGO CONTAGIOSA, OR PORRIGO.

By W. TILBURY FOX, M.D. Lond., Physician to the Farringdon General Dispensary.

[Continued from page 469.]

Nature of the Disease. This part of the subject is replete with difficulty; and great care must be exercised in sifting and interpreting the evidence, for any hasty assumption must inevitably do much mischief. We have to deal with a disease which is eminently contagious. Now, it has been observed, that an eruption of the kind under notice is observed after vaccination. The unbalanced state of system produced by the action of the vaccine virus is favourable, no doubt, to the occurrence of any disease to which there is a predisposition, or which is waiting to show itself. Moreover, the vaccination may be the means of introducing specific poison into the system. Hence we have several interesting questions suggesting themselves for discussion.

I. The contagious property of the disease: What is its nature?

II. What, if any, are the relations between impetigo contagiosa and the eruptions secondary to vaccination?

III. Does vaccination give rise to impetigo contagiosa? If so, by what means—by the introduction of a special poison, or by modifying existing disease?

These are questions well worth consideration.

I. Of the contagious character of the disease there can be no shadow of doubt; facts are very decisive upon the point. It has possibly been noted by others than myself, that most dermatologists admit, in a hesitating way, the likelihood of the existence of a contagious form of impetigo, especially in children; but, so far as we are taught, there is no decided opinion in the affirmative expressed in books. Of course, it is only in hospital and dispensary practice that the proper evidence is likely to be obtained. My attention was first decidedly drawn to the point by the case of a little boy who had contracted (unmistakably) the disease from the bite of a playmate affected with the disease. The mother of the child scratched her neck with the steel of her bonnet; and the wound, coming into contact with a spot on the forehead of the child when lying on its mother's neck, received some of the purulent discharge, and a well marked spot of impetigo contagiosa was developed. It has also been a matter of constant remark with me, how very frequently the disease extended from one to several members of the same family by pure contact—from children to mothers, from playmate to playmate, etc. So distinctly and clearly is this the fact, that the testimony of parents and others is *spontaneously* offered; and, making all due allowance from whims and fancies, there still remains a decided and irresistible amount of evidence in favour of the opinion which these folk hold.

From the uncertainty of the above, an appeal was at once made to the certainty of the experiments of inoculation upon the arms of myself and others. I took some of the viscid contents of the pustuloid, and introduced it to a scratched surface on the anterior aspect of the forearm of a woman. Within twelve hours, the edges of the scratches were red, slightly swollen, and itchy. The next day, a slight blush was seen; the centre of the little patch looked elevated into a little red point; and in forty-eight hours it presented the appearance of a little yellowish head. On the third and fourth days, a well marked areola was present. Desiccation now commenced; the centre, before depressed, puckered together; and a little oozing took place from beneath one edge. The size of the spot was one between those of sixpence and a shilling. The parts around felt hot and stiff. The future progress of the inoculation is that of the disease itself. Either healing occurs, or an oscillation takes place between suppuration and scabbing, or the surface ulcerates superficially. I desire to call attention to the very important fact of having most carefully examined the contents of the pustuloid bleb which has afforded the matter used in the inoculation, and affirm most positively the absence of any element whatsoever of a vegetable parasite. The inoculated disease is positively not due to the transplantation of a fungus, but of a fluid possessed of special properties. One very important conclusion flows from the facts mentioned, and it is this; that *impetigo contagiosa is in no sense parasitic*. This is one great step gained on the negative side of the question.

II. The second question, expressed in general terms, embraces the alliances and similitudes of the disease. Its contagious quality separates it in one respect, by a very broad line, from ordinary pustular and vesicular affections, such as ecthyma and pemphigus. Can it be ranked at all among the acute specific diseases? Scarcely so; but actual observation would certainly seem to show that some, at