bably of coagulated albumen, and in many instances they show a tendency to split into minute fibrillæ."

It is evident, therefore, that on the recognition of these data, and the practical application of them, much error may be avoided, and the absence or existence of cataract rendered more certain, not to speak of the assistance that they offer in unravelling other ophthalmic disease; for lenticular colouration has been described as an objective symptom of other affections, "amaurosis" being one of these.

It would answer no good purpose to tell any of the many cases of coloration and impaired vision, not due to opacity of the lens, that have been sent to me by surgeons for operation, under the supposition that cataract existed; nor of other mistakes connected with the subject that have come under my notice, such as the extraction of lenses, not cataractous, but merely coloured. I may say that mistakes are frequently made. In the case that I have detailed, it is easy to understand that, had there been defective sight in the left eye, from disease at the posterior part of the eyeball, how readily it might have been supposed that cataract was present. It may be received as a rule, that if a person can see to read the smallest type, with or without glasses, and discern distant objects clearly, the pupil being undilated, no matter how clouded the lenses may appear, cataract does not exist. After this is understood, the only point on which there can be difficulty is to pronounce whether, in any given case of defective sight, cataract is present or absent, and the solution of which, so far as it can be told, depends on the proper discrimination of physical appearances, the distinction between coloration and lenticular degeneration, rather than on any subjective symptoms, although those may greatly assist.

With undilated pupils, it is difficult, if not often impossible, to recognise the difference. I have known surgeons of the first eminence in this metropolis to err respecting it: hence the necessity for dilatation whenever doubt exists. Then, in the expanded pupil, the presence of striæ or opaque bundles of fibres, which so commonly exist in the early stage of cataract, at the circumference of the lens, can at once be detected. Coloration is more central and browner; the light penetrates the lens; and the concentration of it is perceptible in the direction in which it falls. The opacity of cataract is more diffused and opaque, and reflects the light. In the first, vision is made worse by dilatation of the pupil, while in the other, it is almost always improved, certainly always when the opacity is marked. Indeed, when the pupil is dilated it is seldom that a correct conclusion cannot be arrived at. The exception is this. When the lenticular degeneration is yet slight, and has commenced in the centre, it may be impossible to detect it, that is, to be able to say with certainty that cataract is present, and the lapse of time only can decide. The late Mr. Dalrymple treated a gentleman for amaurosis; he had prescribed an arsenical preparation for some time, without benefit. I was consulted, and after a long investigation, I decided that cataract was present, at least in one eye. This disease soon became palpable, and in time I operated on both eyes with the best success. There has never appeared the slightest amaurotic symptom. Can I offer a stronger proof that there may be uncertainty in the matter? When vision is much affected by loss of transparency of the lens, the opacity must be palpable; therefore, when this is not readily detected, any material loss of visual power must be attributed to some other cause; and this applies especially to defective vision in the aged, in whom the "coloration" is most marked, and where the eye, in obedience to the laws of mortality, which allows an exception, perhaps, only in the prostate gland, is apt to get shrunken, and becomes besides, so to speak, vitally impaired. Several times, under these circumstances, I have prevented the performance of a needless operation, and proved that a feeble retina was the defective cause.

I have not found the ophthalmoscope of the least use in this subject.

THE IRREGULARITIES IN THE ACTION OF STRYCHNIA.

By JOHN ROULSTON, M.D., Low Harrogate.

IN the present *strychnism* of society, perhaps the following case may not be without interest.

A friend of mine, residing in South Africa, wishing to destroy a large cur dog, aged about 5 months, gave it three grains of strychnia, between two pieces of beef, which the animal bolted without any mastication. He was then going on horseback into the country, and the dog followed for two miles, leaping and gamboling the whole way, and back again home. My friend purposely lingered on the road, as he wished to see the finale; but at length concluded the attempt had failed; when, after the horse was stabled, and he was turning to enter the house, suddenly, without the least spasm or tremor, the dog, which until that moment had not shewn the slightest symptom of illness, and was playing with its mother at the time, leaped up in the air with a faint cry, and fell dead on the spot.

The time which elapsed between the administration of the poison and death, would be at least an hour and a half. This case shews how readily extraneous circumstances may interfere with the known action of this or any other drug—either accidentally, as in the present instance, or intentionally—where the quantity required to produce a fatal effect is so small in the human subject as to allow of being enclosed in a portion of some slowly soluble medium, and given in the form of pill.

Again, in the above case, exercise had no doubt completely arrested the digestive process for the time.

It is a very common plan with the farmers of South Africa to use strychnia in order to get rid of jackals, hyænas, etc., which infest their folds, and which, when dead, become a fatal meal to their successors.

Association Medical Journal.

SATURDAY, JUNE 21ST, 1856.

THE MEDICAL BILL.

THE Medical Bill of the Association, amended by the Select Committee, has been printed, and is, perhaps, at the moment we are writing, under discussion in the House, as it is ordered to be recommitted this (Thursday) evening. We are glad to find that, with one exception, the measure, in its new shape, represents all the principles for which the Association has so long contended; and, therefore, it may still be considered to be the Bill of the Association.

Preliminary Examination, Uniformity of Qualification, Reciprocity of Practice, Registration, and the General Superintendence of Professional Education by a Medical Council, have been the points contended for by our Association steadily for years, and now we find them embodied in this Bill as strongly as they are in Mr. Headlam's measure. The one point in which the amended measure differs from the original one, is with respect to the constitution of the Council. The Government has determined to nominate the members, instead of constituting it upon the representative principle. This is certainly an alteration which will be exceedingly distasteful to many

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