dences are often mistaken for rheumatism? We say "coincidences" advisedly, for if there be such a disease as gonorrheal rheumatism, it has not been our lot to witness it in a practice both private and public of nearly a quarter of a century. We believe we are safe in asserting that during that period we have had under our care more than an ordinary number of examples of joint disease and gonorrhœa, both in private and hospital practice, and we now state that we never witnessed a case of gonorrhœal rheumatism. We lately enquired of a surgeon in extensive practice in this city if he had been more fortunate, and he answered that he had seen it occur twice in the same individual, and we have enquired also of experienced army surgeons, and have been assured that they had never witnessed an example of this form of rheumatism. We are quite aware that the remarkable case given by Sir A. Cooper, can be quoted in support of the connexion of these diseases. May we not ask, is it not likely that the habits which led to the contraction of gonorrhœa, may have led to the individual's contracting also an attack of rheumatism? Are not intemperance, exposure to night air, and loose habits generally, predisposing causes to that affection. If there is a well marked connexion between the two diseases, ought we not to have more frequent examples of it. We are aware that it is the fashion to speak of this disease as of frequent occurrence; we can only say we have not noticed it, though carefully watching for it, for several years, with fair opportunities for observation.

Is Mr. Barwell correct also in tracing an identity with pyarthrosis? Is not the supposed rheumatism a malady very chronic in its character, difficult of treatment, and usually ending in the restoration of the functions of the joints. On the contrary, is it not the case that pyarthrosis is not only a fatal disease, but that a striking peculiarity of the affection is the rapidity with which the joint is destroyed, the usual stages of inflammation being passed through in such quick succession, that scarcely any interval exists between the commencement and termination of the disease, total destruction rapidly following the first indication of the joint being attacked.

There are many other points in Mr. Barwell's work to which we will direct attention in a future number of this Journal. In the meantime we recommend it as a valuable addition to the library of the practitioner, and an excellent guide to the junior practitioner.

(To be continued.)

PERISCOPIC DEPARTMENT.

SURGERY.

THE PATHOLOGY OF CAPSULAR CATARACT.

By Dr. Schweigger, of Berlin.

The crystalline lens, in the normal state, consists of prismatic fibres, or according to Kölliker, tubules with toothed edges, by which they adhere to each other.