

while in some very rare instances (as in the present) the disease has been present at birth. He notices that the subjects of its attack are always weak and puny, and have a peculiar complaining sort of cry, not a little pathognomonic of their condition. As the disease gains ground, the respiration gradually grows more feeble, the face assumes a purplish hue, all the symptoms of suffocation arise, and death takes place by asphyxia. The body retains all the peculiar external appearances which characterize the disease during life. Having unfortunately been deprived of the opportunity of making an examination of the body *post mortem*, I am unable to speak of the appearances. I may however allude to a few characters noticed by Dr. Davis in his dissections. The cellular tissue, instead of being compact (or indurated) was filled with a serous or albuminous fluid, either limpid or tinged with blood, the tissue remaining soft and flaccid as the fluid oozed out, and the skin which before was hard and tense now rolling under the finger. There was venous congestion every where to be seen; the lungs, liver, and all the soft parts apparently gorged with blood. M. Andrij constantly met with a deep yellow serous extravasation, fluid, but capable of coagulation by heat; the fat peculiarly solid, the glands and lymphatics, especially those of the mesentery stuffed, and the liver uncommonly large, with a great quantity of deep-coloured bile in the gall bladder; the lungs loaded with blood, and containing an unusual quantity of air.

The cause of the disease has not been properly accounted for. The affection, as before stated, is usually endemic, arising probably from foul air, as it chiefly attacks the poor, and is generally met with in large crowded hospitals. Little can be said with respect to treatment. A remedy may succeed on one occasion and fail on another. Among those which appear to have been most beneficial are the warm and vapour baths; dry friction with warm flannels; blisters to the extremities, and at all times a strict attention to the state of the bowels from the onset of the disease.

ART. XLIV.—*Cases of Operation for Cataract, chiefly at the Toronto General Hospital.* By W. R. BEAUMONT, F. R. C. S., Eng.—Continued from page 365.

CASE 7.—Cataract (lenticular) of the right eye, complicated with obliterated pupil, altered form of globe, and diminished size of cornea,—the consequence of gun-shot wound. Left eye quite amaurotic. Extraction of cataract. Prognosis very unfavourable.

Henry Fruin, æt. 36, was admitted into the Toronto Hospital August 15th, 1817. He stated that about six months before his admission he had received part of a charge of shot in the face, by