

tractions of which accomplish this movement before the head is in any way engaged with the pelvic brim.

When labour commences the uterus assumes an ovoid form. The contractions are not confined to the fundus alone, but also affect the cervix and lower part; consequently, when the inferior portion of the uterus contracts laterally, pressure is made directly on the forehead and occiput of the child, the effect of which is to throw the head into a state of flexion, which brings the long diameter of the head into the long diameter of the uterus; a position which it as naturally assumes under uniform contractions of the uterus, as an oblong or ovoid pessary takes its position in the vagina.

This movement of flexion being due, therefore, to the cause just mentioned, any want of contraction in, or irregular action of, the uterus, must necessarily cause a failure in its accomplishment.

ON CATARACT.

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Of all diseases of the eye, cataract is perhaps the most distressing to the patient. The knowledge that one is steadily and surely becoming totally blind, together with the uncertainty attending all operative procedures, renders a person suffering from this disease truly miserable. So much has been written on the subject that it is scarcely to be expected that anything new can be brought forward; still, a brief glance at the subject, and the notes of a few cases which have been under my care in this city, may not be uninteresting to the readers of the *PROVINCIAL MEDICAL JOURNAL*.

Cataract was described as a disease of the crystalline lens, under the name of *Glaukoma* by Hippocrates; but from the time of Galen up to the beginning of the 18th century, the seat of the disease was almost entirely forgotten. It was not until 1708 that the profession generally, adopted the idea that it was a disease of the lens or its capsule, and that vision could take place without the aid of the lens.

We are indebted to Boisseau, Maitre-Jan and Mery, for first advocating this doctrine, and to Petit for putting it practically to the test, by extracting a cataractous lens.

Until a few years ago, cataract, in its earlier stages, was certainly an obscure disease, and difficult to diagnose. Numberless pages have been written, giving all sorts of symptoms and tests for discovering it, but not until the invention of the Ophthalmoscope have we been able

to discover the first traces of opacity in the lens.

In the treatment of cataract, the first and all-important point to decide is, whether the structures posterior to the lens are in a healthy condition or not. In the earliest stages of the disease this point may be accurately determined, but in the later stages it is a question which will oftentimes confound the most expert. The three means usually resorted to by practical oculists for discovering the condition of the lens, and ascertaining accurately the degree of visual power, are

1st.—That of oblique illumination. This method is best practised in a darkened room; a lamp is placed at the side and a little behind the patient, and the surgeon, with the mirror of the ophthalmoscope, directs a pencil of rays on to the eye. Instead, however, of looking through the central aperture of the mirror, he looks on all sides of it, and receives the rays obliquely reflected. In this way, or by holding a light laterally or in front of the eye, in a darkened room, and interposing a lens, he can focus the concentrated rays of light upon any part of the lens or its capsule, and so discover the slightest trace of opacity.

2nd.—By ophthalmoscopic examination.—This method is chiefly applicable in the earliest stages of the disease, when the fundus of the eye can be lighted up by the passage of rays through the lens. When this can be done much valuable information will be afforded.

3rd.—When the lens is thoroughly dense and the condition of the retina unknown, a careful examination of the retinal phosphenes, by pressure, will be most useful.

It is a well known virtue of the retina, that the presence of a solid body in the eye produces a luminous spectrum. The luminous appearance is that of a brilliant white flame, and partakes of the shape of the compressing body.

M. Serres, who has investigated the subject thoroughly, gives four phosphenes. The frontal, produced by pressure over the upper and middle part of the ball beneath the eye brows; the jugal, by pressure on the lower and middle part of the ball; the temporal, over the insertion of the ext rectus into the ball; and the nasal, over that of the int rectus. When all the phosphenes are produced the retina may be considered very healthy, and in proportion as they are feeble, or partially present, or altogether absent, is the judgment unfavourable.

The treatment adopted by almost all modern oculists is extraction, in preference to reclamation, drilling or breaking down, except in soft cataract in children, when keraton yxis is usually employed. The operation for extrac-