

(1.) *On the pain.* The result on the whole has been very satisfactory. Previously he suffered nearly one-fourth of the whole time from the pains, which were of an agonizing character. Now he seldom has attacks oftener than once every three weeks, and he has been as long as six weeks free. Before the operation the pains set in suddenly, with great severity, and left just as suddenly. Since its performance they come on by degrees, increase up to a certain pitch, then decline slowly. During the wave of ascent the intervals become shorter and shorter, and during the wave of descent they become longer and longer, until finally they cease altogether.

(2.) *On the patellar reflex.* Previous to the stretching there was absolutely no response, but since there has been an appreciable jerk when the tendon is struck. It is, however, very late in making its appearance, there is often an interval of two seconds between the tap and the response. According to Eulenburg* the interval should only be the $\frac{1}{32}$ of a second. This he found to be the interval in the examination of 80 healthy male adults.

(3.) *On the delayed sensation.* Prior to the operation it took him from five to eight seconds to feel the stab of a needle in either lower extremity. He can readily appreciate now, and has since the stretching, a similar irritation in from one to two seconds.

(4.) *On the muscular sense.* Up to the time of operating, it was with the greatest difficulty, and then only after repeated trials that he could touch his nose or point to the position of his toes when his eyes were shut. He can readily perform these acts now.

(5.) *On the ataxia, etc.* The operation did not exercise the least beneficial influence over the ataxic symptoms. Neither was there any favourable change made over either the bladder or rectum symptoms. The ataxia has been steadily progressive. The sense of weight around the lower part of the abdomen is as great as ever.

A very interesting symptom occurred six

days after the stretching, viz.: a very extensive hæmorrhage from the wound and into the subcutaneous tissue of the limb operated on. The bleeding was copious enough to saturate all the antiseptic dressings, and even find its way through the bed.

This was likely the result of the pains which set in a few hours after the operation, and lasted with great severity for nearly twenty-four hours. This is a more probable explanation than that the result was from any injury sustained by the vessels from the stretching. Straus* reports several cases of extensive subcutaneous hæmorrhages following the pains of ataxia.

These ecchymoses are probably induced by direct irritation of the vaso-dilator fibres. It has been shown, both by Brown-Séquard, and Stricker, that the posterior roots contain vaso-dilating fibres. If this view is correct, then the ecchymoses and the lightning pains are caused by the same morbid process.

SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

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CATARACT.

Idiopathic cataract is characterized by a gradual, painless failure of sight, the lens becoming opaque in a seemingly healthy eye. Some degree of irritability may be felt but the external signs of inflammation are wanting; and the pupil retains its normal size and activity, presenting, however, as the process advances, a more and more marked gray or milky background. There is a physiological haziness of the lens in old subjects, and also a gray pupillary reflex in some diseases of the fundus oculi and vitreous. A hasty diagnosis should, therefore, not be made, but a routine method followed, even in most of the cases which seem beyond doubt. The history should of course

* Ueber die Latenzdauer und den pseudoreflexorischen charakter der schnehenphänomene. Nemg. Centl. No. 1.

* Archives de Neurologie, No. 4, 1881.