encouraged to exercise the toes and feet when he is in the sitting posture, and to apply the douche with cold water or salt water once or twice a-day. By these means an increase of the deformity may be prevented, though we can scarcely expect the foot to resume its natural form.

The deformity commonly called "knock knee," much resembles "flat-foot," inasmuch as it depends in part upon weakness and yielding of the lateral ligaments, but not entirely, for the lower end of the femur becomes altered in shape, particularly the outer condyle. If you examine the skeleton you will see that in the erect posture the outer condyle is more in the line of gravity than the inner condyle; being, therefore, subject to a greater amount of pressure, it sometimes yields, becomes flattened or shortened, and allows the leg to incline outwards, which, of course, gives to the knee the appearance of projecting inwards. Though shortened from above downwards, the condyle is not lessened in its antero-posterior diameter, at least it projects as far backwards as the other, so that when the limb is bent, the leg assumes its proper line of relation with the thigh, the deformity being observed only in the straight position. Moreover, in consequence of the deficiency in the length of the condyle, if the knee be flexed, the patella, which should form the most prominent bony point anteriorly, sinks into a hollow, so as to be placed even in a line behind the internal condyle.

Like "flat-foot," this deformity is commonly first observed when the child begins to bear upon the lower extremities, and it appears in both knees. It may, however, be confined to one, and may commence after the age of puberty, being then, for the most part, traceable to a sprain, bruise, or slight inflammatory affection. Some assistance may be derived from irons, so fitted as to bear part of the weight of the body, and made with a hinge at the knee. The general principles of treatment are the same as in flat-foot.

Now and then children are born with such looseness of the capsular ligament of the hip, that the head of the thigh bone is permitted to ride upon the dorsum of the ilium. In such cases there is generally a good deal of deformity in the bones, the head of the femur being much altered in shape, the rim of the acetabulum wanting, and the ligamentum teres absent.

The affection of the bones called "rickets," which should be described here, will form the subject of the next lecture, and I will proceed at once to mention some of the failures that occur in the third branch of development—viz., growth.

It may be that the fœtus, though of legitimate shape and proper structure, is deficient in *size*; indeed this branch of development is so subject to variation, that we infer the age of an embryo with less precision from its size than from the extent to which the external form and general characters of the body are developed.

Most commonly the imperfection of growth is equal in all parts of the fœtus. They may be all small but still proportionate to one another. Sometimes, however, the failure is limited to certain regions; perhaps

the extremities are small in comparison with the trunk and head. Or it may be more limited still; in the College of Surgeons a fœtus is preserved in which the extremities are remarkably short; the hands and feet are of sufficient size, but the limbs have not grown to a proper length.

In like manner after birth the growing process may proceed too slowly, or may cease prematurely in the whole body, the dwarfish form thus produced exhibiting a fair proportion between the size of the head, the trunk, and the extremities. Many persons are far below the average stature, whose figure presents no unsightliness, no want of relation between its several parts. The dwarf, General Tom Thumb, lately exhibited, was a remarkable instance of this.

It very often happens, however, that the proper relation between the growth of the head and trunk, on the one hand, and that of the extremities on the other, is not preserved. In one class of persons the limbs remain short, the defect being especially remarkable in the thighs, but the head and trunk continue to increase, so as to produce short, stumpy, square-built frames. Sometimes indeed the disproportion is very great and unsightly. Dwarfs of this kind are not uncommonly seen, and contrast strongly with those Lilliputian, but well made figures just mentioned.

In the other class of persons the disproportion of growth is the exact converse of that last described. The head and trunk, including the pelvis, remain small, whereas the extremities, more particularly the thighs and arms, shoot out to preternatural length, so that the figure is long, straight, thin, and lath-like.

A difference of length is very seldom to be observed between the two extremities. When such is the case it generally results from some disease or paralytic affection in the shorter of them.

CASE OF HEREDITARY CATARACT.

By SAM. S. DYER, Esq., M.R.C.S., RINGWOOD.

AMELIA WISEMAN, aged 10 years. Has never had very good sight; it has been gradually failing five years, and quite lost for three.

July 23rd, 1849.—General health good; pupils perfectly circular; margins even, and very dilatable under the influence of strong light. Colour of cataracts nearly white, of equal degree of shade from centre to circumference.

Assisted by my father, I operated upon both eyes this morning, using Scarpa's needle, tearing the capsule, and reclining the lens. There was no difficulty about it, and the child bore the operation well.

25th.—There has been but little constitutional disturbance. On looking at the eyes for the first time since the operation, there appears a good deal of conjunctival inflammation; the pupils are clear, and she distinguishes the number and form of objects.

28th.—Going on favourably.

August 3rd.—This morning I find there is a portion

of opaque capsule obscuring the left pupil; the right is perfectly clear. She recognises almost any object presented to her view, and gives an immediate report of the number of fingers, &c., held before her.

23rd.—The right eye is getting more accustomed to the light, and no longer requires to be shaded. She gets about well, and assists her mother and sister in the house. The secondary cataract in the left eye continues as before, and vision with it is imperfect.

October 16th.—I saw this child this morning, and was much pleased to find a manifest improvement in the condition of her eyes. The right is strong and clear, and power of vision as perfect as in any other persons. In the left eye the secondary capsular cataract is disappearing; it looks as if it had been pierced and torn in one point, and the rest of it is much thinner, having altogether the appearance of network vibrating in the aqueous humour. She goes to school and is learning to read.

November 28th.—The secondary cataract has now become absorbed, and sight in both eyes is perfectly restored.

REMARKS.—The peculiar points of interest in this case are connected with its history and result. There being nothing novel in the operation itself, I do not enlarge upon it; but as this is an instance of the occasional hereditary tendency of cataract, and so strongly marked is that tendency in the family of which this child is a member, that I do not apologize for occupying a space in your *Journal* by its recital, believing such examples as this, though not singular, to be extremely rare.

To begin with three generations before the present:—There was a labourer living at Burley, in this parish, who was operated upon for cataract by the late Mr. Coates, in the Salisbury Infirmary. He had two sons and one daughter; the sons are now living, one with fully-formed cataract in both eyes, the other was operated upon by me, and the case reported in the *Provincial Medical and Surgical Journal*, of August 19th, 1846. His son was operated upon by Mr. Coates seventeen years ago, and he is the father of Amelia Wiseman, another daughter, and four sons. The second girl's eyes are good, but the boys are more or less impaired by their family failing; one has complete cataract in both eyes, in another the lens is becoming opaque, in all there is a peculiar wavering unsettled movement of the ball of the eye, as if it was ever seeking an object on which to rest. The daughter in the second generation, for whom I have not accounted, had good and perfect eyes; she was seduced by a gentleman in this town many years ago, and their progeny—a son—after a while gave evidence of the tendency to cataract, and was operated upon by Mr. Coates. He, too, is living in this parish.

In no instance was the cataract altogether congenital, that is to say, there is no opacity perceptible at birth, but the tendency is soon evinced by the continued rolling of the eyes, and the blindness begins at a period varying from five to thirty years after birth. With the exception of the case I have reported, no other girl in

the family has been affected, but every male, not even excepting the son of the woman in whom there was not the least imperfection in vision.

Such instances are alluded to by Mr. Guthrie, in the second edition of his "*Lectures on Ophthalmic Surgery*," p. 201.

In the result of my operation on Amelia Wiseman, I particularly rejoice in the disappearance of the secondary cataract without subsequent surgical interference. It may at all times be a question for consideration in such an instance, whether the needle shall be used or the case left to nature. On a former occasion I was guided by the dictum of the late Mr. William Hey, of Leeds, whose guidance on *any* practical point in surgery, much less in an operation in the performance of which he was eminently successful, can never be regarded with anything short of deference, and I at all times look to his opinion, and follow his precepts with implicit confidence. In his "*Practical Observations in Surgery*," he gives two cases wherein time effected all that was required, and records as his opinion that such a result would generally ensue.

In the case of a man on whom I operated in 1848, it had entirely become absorbed in three months. Such a termination is not uncommon in capsular cataract the result of accident, and which most generally affecting the sight of only one eye, is not to be interfered with by the surgeon. An instance of the kind is now frequently seen by me, in the daughter of a butcher in this town, who punctured the eye with a fork two years ago. A capsular cataract followed the accident. After some months this was observed to get more and more transparent, the transparency has now given place to a network appearance, sight is partially, and will doubtless in time be altogether, restored.

Ringwood, December 5, 1849.

SEQUELÆ OF SCARLATINA.

By THOMAS BROWN, Esq., M.R.C.S.,

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—If the following short remarks on two cases of scarlatina present any features of interest, I shall feel obliged by their insertion in the *Journal*.

Yours respectfully,

THOMAS BROWN.

Castle Donnington, January 10, 1850.

William Snutch, aged 12, and James Northridge, aged 9 years, became the subjects of scarlatina, of a mild character, during the month of February, 1849. Both cases passed through the feverish stage satisfactorily under similar treatment, namely, alterative doses of mercury, followed by neutral salts internally, and vinegar affusion externally. Dropsical effusion appeared about the same time in each case, from seven to eight days after desquamation of the cuticle, and neither of