

cases, but will give you general results. I never swab the throat, nor use any local measures, but empirically give the following prescription:—

Tinc. ferri mur..... 3 ii.
Chlo. pot. 3 i.
Glycerine 5 i.
Aquæ ad..... 3 iv.

Sig. Teaspoonful every two hours.

Of about one hundred cases in the last two months none got seriously ill whom I saw before the formation of the membrane. The four or five deaths were all in-patients, whom I did not see until after the membranes had fully formed. This prescription does not much relieve the general symptoms, but the alarming symptoms caused by the tough thick membranes are universally prevented, by stopping the formation of membranes. They rarely get thicker than tissue paper under the treatment. Every physician in this part of the country will endorse my statements. The disease which I once so much dreaded has lost all its terrors to me. I occasionally give bromine in congestion, but not as a specific, which I believe iron to be.

Twin Birth: Extra Digits. H. CHIPMAN, M.D.,
Grand Pré, Horton, N. S.

Mrs. L., the mother of several children, was delivered of twin boys on the morning of June 15th, 1878, after a two hours' labor. They were delivered by a midwife, and one followed the other as quickly as possible. I arrived in time to deliver the placenta, there being two, with a cord attached to the centre of each, and each being as large as a placenta in a single birth. The children weighed fifteen pounds, one seven and the other eight. The smaller was perfectly normal, while his heavier brother had an extra finger on each hand, and toes to match. The extra finger on the left hand hung by a particle of skin, and I snipped it off with the scissors; the finger on the other hand and the toes were united with their fellows so as to represent a web-foot. This is the second time Mrs. L. has borne twins, one of the previous pair having the extra digits. The woman herself was born with them, and the toes were not removed, and she is obliged to place her foot on the floor, and have it chalked around, instead of the ordinary measurement, in having boots made. Her mother, also, had the extra digits.

Progress of Medical Science.

ON CONJUNCTIVITIS.

A CLINICAL LECTURE DELIVERED AT THE UNIVERSITY MEDICAL COLLEGE IN THE CITY OF NEW YORK,

By D. B. ST. JOHN ROOSA, M.D.,

PROFESSOR OF OPHTHALMOLOGY.

(Reported for THE N. Y. MEDICAL RECORD.)

GENTLEMEN:—I will make this case before us a text for a few remarks upon *conjunctivitis*. The history gives us very little information as to the causes of the attack of inflammation of the conjunctiva. There was no exposure to dust, or cold, or wind, or any excessive use of the eyes; nor was there, so far as we can learn, any contact with other inflamed eyes. This woman spent most of one day ironing clothes. She has never had a previous attack of this disease. On the day previous to that spent in ironing, she read considerably, however. That was four days ago, and she now has inflammation of the conjunctiva, which has been treated, at the Manhattan Hospital, by the use of astringents and the sulphate of atropia.

I happen to know that the patient has a chronic disease at the back part of the eye, for she was under my care for choroiditis at the Eye and Ear Infirmary some fourteen years ago. This condition renders her rather more liable to conjunctival inflammation than she would be were the back part of the eye sound. Such is my text, brief though it may be.

Conjunctivitis—Inflammation of the Conjunctiva. Conjunctiva, from two words, which mean to join together—the mucous membrane which joins the lids with the globe of the eye. Conjunctivitis is an affection which every practitioner of medicine is bound to know how to treat.

It is an affection which must not be confused with iritis, or rather, iritis should not be confounded with it. It occurs as frequently as pneumonia or pleurisy, and it may and does destroy eyes, and thus, sometimes, renders the state of the man or woman affected much more mournful than if the victim had been cut off by either of the inflammations of the chest.

Conjunctivitis is divided into three general varieties. Such divisions are somewhat arbitrary, however; you cannot always distinguish one from the other, any more than the United States can be distinguished from Mexico as we pass over the artificial boundaries between the two countries. In many cases, then, you will not be able to make the divisions, and, in others, they can be made with considerable satisfaction.

1. *Catarrhal Conjunctivitis*.—Under favorable conditions, this is a self-limited disease, as much so as measles, or scarlet fever, or pneumonia.

Its chief symptoms are: hyperæmia of the conjunctiva, the network of blood-vessels is injected, not particularly marked towards the ciliary region, but there is a general vascularity of the membrane. A pure catarrhal conjunctivitis is not attended by great lachrymation or photophobia. There is no sluggishness of the pupil, and there is no deep-seated pain.