

agonizing pain in the early attack was due to the great efforts the eye made to overcome the error of refraction, and that with the cessation of these efforts, that is, with the total suppression of the image of this eye, the pain vanished. Owing to the fierce nerve-centre explosions years ago, the centres were more easily aroused. That the trouble in the right eye did not occur earlier was due to the fact that glasses worn in the interval had aided the right eye to cause a delay, but not to prevent a nerve-storm.

Dr. L. L. Palmer said that the narration of this case gave added evidence to the fact that multiform sufferings may be due to various forms of metropia. Errors in refraction were the most common causes of eye-strain. The case furnished an example of chronic spasm of the ciliary muscle accompanied by severe pain.

Lupus.—Dr. F. N. G. Starr presented for Dr. J. E. Graham, a boy, whom he had shown last year to the Society with a lupus-like eruption on the face. The disease was slowly extending, although alterative and tonic treatment had been tried.

Dr. T. F. McMahon thought it would be a good case to try the tuberculin test upon.

Dr. Starr thought, judging from the disastrous effects arising from its use at the time of its introduction, such a procedure would be risky.

Deformity of Hand Following Rheumatism.—Dr. B. E. McKenzie presented a patient who had suffered from deformity of the right hand subsequent to an attack of rheumatism. The fingers are drawn toward the ulnar side and were somewhat flexed. They were partially dislocated from the metacarpal bones. He was not sure of the cause of the condition.

Dr. A. Primrose thought the lesion was in the cord.

Dr. G. Carveth advised the use of potassium iodide.

Dr. G. H. Burnham strongly opposed the slipshod manner in which the iodide was given in obscure cases. He would recommend iron, arsenic and strychnia.

The patient stated that he had tried the iodide and tonics for months with no benefit.

Dr. McKenzie said he intended to correct the position by operation. He would cut the abductor minimi digiti near its insertion, and the two interossei (which draw the three fingers to the ulnar side), and also some strands of the palmar fascia, forcing the fingers in an over-corrected position, and retain them there with a suture.

Croup or Diphtheria—Which ?—By Dr. Oakley. (To appear in next issue of REVIEW.)

Dr. Palmer recommended that medical men regard all these cases