

time he had fully one hundred and fifty cases of ague. In fact every second case that came to his office was ill with ague. Quinine was the remedy which he found most effectual, in doses of five to ten grains just before the attack, and continued in smaller doses during the interval. It was generally given in solution, and was never known to fail. In four or five days the patients were usually cured. If ill with the disease for some time before commencing the treatment, it did not so readily yield. He tried cinchonine, but did not get on so well with it. It had to be given in large doses, and it did not agree with the stomach. South-west of the place he resided, they were draining a swamp, and in the opinion of many, this was the cause of the great prevalence of ague at that time.

Dr. F. W. CAMPBELL said he was glad he had brought forward his case of ague, for it had been the means of showing that the disease, as a purely local malady, was although rare, not so much so as was believed by many.

Dr. G. A. BAYNES then read a case of injury to the knee-joint. He said :

On the first of August, 1871, I was called to see B. N., a young man aged about 19 years, and moderately muscular. He was the third son of a family of eighteen children, nearly all of whom were more or less inclined to the strumous diathesis. He was returning home, carrying his scythe across his arm, when he stepped into a hole, and fell down upon the scythe with his right knee. It made a clean cut about six inches long, extending from the insertion of the vastus internus downwards and outwards, completely severing the patella, through the synovial membrane, obliquely across the joint into the fleshy part of the gastrocnemius, exposing the cartilagenous surface of the external angle of the femur. I could feel the anterior crucial ligament with my finger. There was not any appearance of shock, and there was but little bleeding,—what there was, was easily checked by tension. I washed out the wound with carbolic acid lotion (1 to 30) and then brought the parts as nearly in apposition as possible by means of wire sutures. I would have preferred hair lip pins, but was 8 miles away from home, so had to use what I had. I then applied a figure of eight bandage, with a long back splint well padded and bandaged firmly to the leg, preventing any motion whatever. After this was done, he was carried four miles to his own home. I gave an opiate, and left directions to have the lotion constantly applied. I continued the same treatment throughout. On the 12th August, there appeared a slight bagging of pus on the outer edge of the knee,

which after a poultice, I laid freely open. This was the only obstacle to the uninterrupted healing of the wound. At no time during his illness did the pulse exceed 110, and the temperature was normal after the 2nd day; on the 1st and 2nd it varied from 100 to 106 F.

On the 19th August, I removed the splint, and rested the leg on a pillow. On the 2nd September, wound quite healed, and can use his limb pretty freely with the aid of crutches.

I heard of him for the last time on December 17, 1871, when he said that his wounded limb was nearly equal to the other in strength, and quite flexible.

Dr. HINGSTON said that Dr. Bayne's paper showed the liberty that sometimes could be taken with joints. The danger of opening a joint was not so great as was at one time supposed. It was once taught that if air got into a joint it was lost. At Ottawa, in 1870, at the meeting of the Canadian Medical Association, he had read a paper on tapping the knee joint in simple synovitis. He then said that he took no special pains to exclude the air, and had not seen a single case where any bad results had ensued from its admission. In the case of a young man, named Madden, he tapped both knee joints on the same day for acute synovitis. Into one joint air accidentally entered and into the other none. Next day the patient had pain in one knee and not in the other, and the knee in which there was no pain was, the one into which air had accidentally entered. He now tapped immediately. He thought it good practice to tap early and relieve tension. He did not think the good result which had followed in Dr. Baynes' case was due to the carbolic acid and oil, which, in his opinion, formed a foreign body in the joint. Rest and pure air would give as good results.

Dr. BAYNES stated that it was carbolic acid and water, and not oil, that he had used.

Dr. HINGSTON said he was glad of the correction, as he had no objection to, but on the contrary, confidence in carbolic acid and water. Although he had seen the late Mr. Syme and Prof. Lister use carbolic acid and oil, he could not conceive how the compound was got rid of—not by absorption certainly.

Dr. REDDY suggested that the aspirator might be employed with benefit in cases where it was deemed necessary to tap the knee joint.

Dr. TRENHOLME asked Dr. Baynes how far he had succeeded in effecting union between the divided portions of the patella. Also, if Dr. B. had followed Prof. Lister's antiseptic method in dressing