

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

March 2nd. Meeting held at the Halifax Medical College, the President, Dr. F. W. Goodwin, in the chair.

Dr. L. M. Murray read a paper on "The White Blood Cells in the Diagnosis of Disease," and showed blood slides illustrating some of the conditions. (Published in this issue.)

Dr. W. G. Putnam, of Yarmouth, then read a paper on "Iritis." (This paper will be published in the NEWS.)

Dr. Kirkpatrick congratulated Dr. Putnam on the excellence of his paper. The classification he followed in his teaching was: (1) plastic, (2) serous, (3) purulent; and the etiological conditions: (1) rheumatic, (2) syphilitic, (5) traumatic, (4) sympathetic, (5) gonorrhoeal, (6) tubercular.

Dr. Kirkpatrick reported a case to show the importance of early treatment. The patient who was shown was a young girl of 16 years. Last August she had an attack of acute rheumatism and a second attack in October, when iritis developed. She received no treatment till December, when complete synechia had formed, which later was followed by extensive staphyloma of the sclera. The eye had to be enucleated. Early instillation of atropine would have saved the eye. Reference was made to atrophinism, viz: redness and swelling of the conjunctiva, muco-purulent discharge and swollen lids; and the general symptoms: clammy skin, dryness of the fauces, thirst, hallucinations, and delirium. He also referred to syphilitic iritis as a secondary manifestation of acquired syphilis, and in inherited cases especially about the time of puberty. He agreed with Dr. Putnam in the treatment. He also called attention to the good effect of Baume-analgesique applied over the supra-orbital nerve for the relief of pain in that locality.

Drs. Mathers and Ross also discussed the paper, the latter referring to a case of syphilitic iritis in a girl aged 12, there being manifestations of inherited syphilis in several members of the family.