

opinion occupies a prominent place in the treatment of the disease.

The remedy which at present promises the best results is creasote. This drug was discovered in 1832 by Reichenback, and in 1877 it was recommended by Bouchard and Gimbert for phthisis.

Dr. Summerbrodt, (11) of Breslau, has recently confirmed his former views, and after thirteen years' experience is quite convinced that creasote exercises a curative effect upon pulmonary phthisis. He emphasizes the importance of large doses and a long continued use of the remedy. He prescribes capsules of $\frac{3}{4}$ m., creasote with balsam of tolu, or cod liver oil. Of these he at first gives three a day and increases the number to twenty. Very often when it does not agree at first, by perseverance the stomach becomes more tolerant. My own experience with creasote has been favourable. It is difficult, however, to maintain its continued use. I have not used guaiacol, nor have I tried the recent Shurley Gibb's method of administering calcium hypsulphite.

My time does not allow me to consider palliative measures. Two circumstances ought to encourage us in the treatment of this obstinate disease.

1. The great number of cases of healed tuberculosis as demonstrated by the post mortem room. Osler found evidence of such present in 7.5 per cent. of those persons who died of diseases other than phthisis. Bouchard makes the statement that in 75 per cent. of the sections at the Paris morgue, some signs of previous disease had been found. In many cases, too, there had been a complete cure, as no cultivation nor successful inoculation could be made from the nodules. It is also a curious fact that in some instances

where bacilli have been found, they will neither grow nor produce the disease in animals.

2. Many physicians of long experience can point to cases of complete cure.

These facts ought to impress us with the importance of making an early diagnosis, so as to place the patient under the most favourable conditions possible, and at the same time ought to stimulate us in the discovery of new and better methods, so as to still further reduce the number of unsuccessful cases.

By intelligent and persistent efforts to destroy the bacilli, or to prevent their entrance into the body; by general sanitation; by the careful management of individuals who have a hereditary predisposition; and by the open air treatment, if possible, in special hospitals, for incipient as well as advanced cases, the ravages of the disease would, in my opinion, be diminished by one-half, and perhaps to a much greater extent.

CASES ILLUSTRATIVE OF THE INFLUENCE OF DISEASES OF THE FEMALE GENERATIVE ORGANS, MORE ESPECIALLY AMENORRHOEA, UPON THE VISUAL APPARATUS.*

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It would seem at first glance that organs so remote from the eye as the uterus and ovaries, could not possibly have any influence upon the well-being of the visual function. Yet cases are commonly met with which demonstrate in the most striking manner this most important fact. The reasonableness of it is the more apparent when one recalls to mind the phenomena accompanying normal menstruation; the increased vascular tension, the vasomotor, cerebral and spinal disturbances, which so generally attend normal and disordered menstruation, such as dimness of vision, fainting or flushing of the face, headache, nervous irritability, pains in the back and limbs, hyperes-

- (1) Ziegler's Beiträge, ix., 3.
- (2) Deutsche med. Wochenschrift, 1889, p. 326.
- (3) Berlin klin. Wochenschrift.
- (4) Semaine medicale, Oct. 23rd, 1889.
- (5) Archive für Hygiene x, 2, page 174, 1890.
- (6) Ueber Tuberculose, Dr. Georg Comet.
- (8) Wiener med. Wochenschrift, May 7, 1892.
- (9) Deutsche med. Wochenschrift, April 14, 1892.
- (10) Deutsche med. Wochenschrift, April 7, 1892.
- (11) Berlin med. Wochenschrift.

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