

The cases in which this method was practised went on satisfactorily to convalescence. It must be remembered that this treatment was adopted in cholera infantum only; and although always successful, it is not unlikely that even after the hypodermic injection certain cases might go on to inflammatory diarrhoea. What is claimed for the treatment is that it averts the stage of collapse, which is so frequent and fatal.

Should the watery discharges continue, Condie speaks most approvingly of the usefulness of acetate of lead in combination with chalk or opium. West recommends the extract of log-wood with tincture of catechu. Others depend largely upon oil of turpentine. Smith prefers the combination of bismuth with the compound chalk powder, giving bismuth in large doses. External, slightly counter-irritant applications may be advantageously employed; and enemata, astringent and sedative, form a usual addition to the treatment. I trust I have produced sufficient evidence to show that well-founded reasons exist for establishing such a classification as described; and although all these classes eventuate in inflammation of some portion of the intestinal tube if continued too long, ample proof is given that until that time they are separate and distinct diseases.

In conclusion, Mr. President, I may say that I feel as if an apology were necessary for reading a paper on those diseases with which you and the gentlemen present are so familiar, that no efforts of mine can bring anything new for your observation; but at this season of the year, when bowel complaints in children abound, I shall feel that my endeavour is not considered amiss if it elicit, as I trust it may, a discussion which must be profitable to all of us.

MILK AS A VEHICLE FOR QUININE.—If one grain of sulphate of quinine be dissolved in an ounce of milk, we shall find that the bitterness of the draught is hardly perceptible; with two grains there is rather more bitterness, but it is not at all marked—a dose of five grains may be taken in two ounces of milk without any unpleasantly bitter taste, and if the same quantity be put into a tumblerful of milk the bitterness is all but lost.

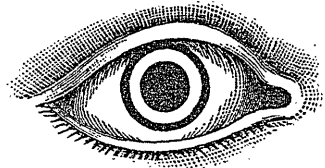
CLINICAL REMARKS ON CATARACT AT THE TORONTO GENERAL HOSPITAL.

BY R. A. REEVE, B.A., M.D.,
Oculist to the Institution.

(Continued.)

LAMELLAR CATARACT—*Iridectomy.*—This lad, æt. fifteen, was brought by his father a fortnight ago with the statement that when four years old it was found he could just see large letters, and the sight had gradually become worse.

The eyes appeared normal, except that the pupils, which were active, had a gray shade. Right eye, $V = \frac{1}{200}$; left, $\frac{3}{200}$; that is, letters which can be read at two hundred feet by the normal eye could be seen no further than a foot off with the right eye, and six inches with the left. However, on partly closing the eyes and looking askance, $V = \frac{3}{70}$. The case was regarded as lamellar cataract, but in order to enable you to make the diagnosis, the pupils have been dilated.* You now see that the centre of each pupil looks gray and the periphery black; and (in the ophthalmoscopic room), by using the lens alone—oblique or focal illumination—the iris is found to cast a shadow into the lens, showing that its anterior layers are clear. And the eye being lit up with the mirror, the reflex appears as a red ring around a central semi-opaque disc, instead of the whole pupil being uniformly red. The margin (cortex) of the lens is therefore transparent, and the centre cataractous. You can see that the nucleus is not quite opaque, for you get a faint red reflex through it.



LAMELLAR CATARACT WITH TRANSPARENT PERIPHERY.

This is, then, *lamellar* cataract, in which between the transparent cortex and heart of the

* The mydriatic should not be of a strength to paralyze the accommodation, else the sight may appear to be worse than it is, especially if hyperopia is present: sol. atropiæ, gr. $\frac{1}{2}$ ad $\frac{3}{4}$, will generally suffice.