

to cease his wonderment concerning new and good literature on the subject. Curetting the cornea in cases of dense pannus may be resorted to, as recommended by Dr. Gruening, in his paper read before the American Ophthalmological Society last summer. He reports eleven cases treated by this method all benefitted by the operation. One case is particularly worthy of comment. A little girl aged fifteen, who was an inmate of the New York Blind Asylum, was admitted to an eye ward in the Mt. Sinai Hospital, on February 27, 1888. The extreme pannus had reduced the vision in each eye to simple perception of light. Both corneas were curetted and in six weeks she had visions = 7/8, and could read ordinary print. I speak of this as a method of dealing with pannus, but of course after the healing of the granular lids has taken place.

II. Senile Cataract:—

Simple extraction without iridectomy. This is Dr. Webster's favorite method of operating—particularly suitable cases being the mature cataract, soft in consistency with a good interior chamber and unaccompanied by any synechiae from old iritis. The advantages consist in a far superior cosmetic effect, no injury to the iris and rather better vision. The disadvantages claimed by those who do not look with favor upon this operation, are the relatively greater frequency of nucleolus and prolapse of the iris, difficulty in clearing the pupil and greater frequency of synechiae interfering with the circular shape and mobility of the pupil—disadvantages which I have not seen during my observations in this institution. The eye is cocaineised just before the operation, producing a maximal dilatation of the pupil which contracts after the extraction, and by the immediate use of eserine, one grain solution, the contraction is maintained, insuring a complete refilling of the interior chamber.

These are but a few cases picked at random from a busy clinic upon which to comment, and thus add my mite toward the interest of the MARITIME MEDICAL NEWS.

E. A. KIRKPATRICK.

Society Proceedings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

An ordinary meeting of the Branch was held at Halifax on Jan. 9th, 1890, the Hon. Dr. Parker presiding.

Dr. Farrell read notes of a case of "Osteotomy with bone grafting."

The fractured left thigh of a man had been dealt with by a bone setter. The man was allowed to go about too soon and this, too, with the bone much displaced and ends overlapping.

Ultimately after some months the man came into hospital with pronounced shortening atrophy below the knee and tenderness at the seat of fracture. The shortening amounted to 2½ inches.

Dr. Farrell refractured the limb, inserted pieces of the thigh taken from a live rabbit at the time of operation; and employing subsequent extension, with proper application of splints, &c., seemed assured of gaining a good inch in length. Wound healed by first intention.

Dr. Farrell also described a case of dislocation at the hip-joint successfully reduced. Mention was made of the comparative rarity of this accident in ordinary practice.

Dr. Morrow referred to a case seen in one of the mining districts where he happened to be spending a short time, and

it was remarked that it was specially in mining and railway districts that the accident was likely to occur.

Dr. Campbell opened a discussion upon Partridge poisoning, stating the poisonous plant to be the calium angustifolium or sheep laurel or lamb kill. Both seeds and leaves were eaten by the bird and both were poisonous. After eating of this plant sheep will foam at the mouth and lambs may become convulsed and die. Dr. Campbell was inclined to think that the pulse was not always so weak and slow as was generally supposed.

Drs. Parker, DeWitt and Morrow took part in the discussion, all stating that they had always found the pulse extremely weak and slow and often imperceptible. The appropriate treatment was stimulants by injection and by the mouth, preparations of ammonia, alcohol, &c., hot bottles to the feet and warmth to the body generally. The need for emetics would seem to be obviated generally by the free emesis induced by the poison.

ORDINARY MONTHLY MEETING, FEB. 6TH, 1890.

At this meeting, at which there was a good attendance, the chief business was a discussion upon "The Epidemic of Influenza." Dr. Slayter introduced the subject by an interesting, clear and able presentation of the main features of the disease. He considered it as a miasmatic disease, the circumstances of its rise and extension however being very obscure. The poison had been found to travel in straight lines, whereas the extension of epidemic cerebro spinal meningitis, for example, was in circles.

He had noted one case where the disease seemed to kill outright. He had met with three fatal cases of pneumonia supervening upon the influenza, one croupous and two catarrhal.

In ordinary cases the temperature rose within 36 hours to 100° to 102°. After that it soon fell again. The pulse increased to 110° and was often weak, but soon regained its normal rate.

Dr. Slayter referred to the absence of marked catarrhal symptoms in general, and to the presence of digestive and bronchitic complications in children. Many other interesting matters were touched upon.

Drs. Farrell, Trenaman, Milson, Weston, Chisholm, Goodwin and Crawford took part in the subsequent discussion.

The points emphasized were the absence of any great amount of catarrhal secretion, the intense pain in the head and back, tendency to relapse, the stomach disturbance in children, the occurrence of an eruption in a few cases, the presence in a few cases of congestive lung symptoms without the development of true pneumonia, the marked constitutional depression, and the general mildness of the epidemic, apart from the few cases in which serious lung troubles supervened.

A. MORROW,

Hon. Sec.

PROF. BILLROTH stipulated to perform an operation on a Russian Jew, in a small town, for 5,000 marks. On making the journey he was informed that the Jew was dead, but to render him some equivalent for his loss, an offer was made for him to treat five hospital patients at 1,000 marks each. He accepted the offer, and before starting homeward learned that one of the patients whom he had just treated was the supposed dead man, who had received the professors services for one-fifth of the original fee.—*Times & Register*.