

had been lost for 14 years. The sight of the left began to fail ten years ago, and was soon lost, probably from sympathetic iritis. In July last a downward iridectomy was done at the Massachusetts Eye Infirmary, but no improvement. As a last resort Dr. Coleman extracted the lens by the lower section. This enabled the patient to find his way indoors and about the city. About a month afterwards iridotomy was performed on the left eye with DeWecker's scissors and the right enucleated. Vision in the left eye was the same as before the iridotomy.

Dr. Coleman also showed a patient from whose left eye he had scooped out the whole contents of the sclera. It was a case of total staphyloma of the cornea from an injury. The operation consisted of abscision of the cornea by two curved incisions, which extended  $\frac{1}{4}$  inch on each side into the sclera. The whole contents of the sclera were removed by lid elevator and forceps, and the aperture closed with one suture. The advantages of scooping out the sclera over enucleation, seem to be, a larger and more movable stump, less falling in of the lids, less danger of meningitis as the optic nerve is not injured, or the subvaginal space of the optic sheath opened. The operation he had not at the time seen advised, but since noticed that Dr. Williams, of Boston, recommends it in ophthalmitis.

#### MICHIGAN, STATE BOARD OF HEALTH.

(Reported for the Canada Lancet).

The regular quarterly meeting of the Michigan State Board of Health was held in Lansing, Jan. 8th, 1884.

The secretary read a resumé of the work of this Board during the last quarter, which showed that successful sanitary conventions had been held at Ionia and Detroit (American Public Health Association); that a leaflet on contagious diseases had been translated into French, Danish, Norwegian and Swedish, for distribution among those who speak those languages; that a very general distribution of blanks and circulars on communicable diseases had been made to the health officers and clerks of cities, villages and townships in Michigan; that notice had been sent to health authorities in several parts of the State, warning of the shipment of diseased cattle into such localities; that the regular distribution of weekly bulletins of

sickness and of meteorology, the yearly distribution of material for meteorological reports, and the quarterly distribution of blanks to observers of diseases, had been made.

Dr. Hazlewood attended the Sanitary Convention at London, Ontario, and gave a report of the water supply of that city (London), and the Secretary, who also attended the convention, described a visit to the Asylum for the Insane near London, Ontario.

Committees were appointed to examine and report on the sanitary condition of the jails, asylums, schools, and the capital buildings in Michigan.

Dr. Kellogg presented and read portions of a very interesting report on the present knowledge respecting diphtheria, which will be published in the next annual report.

Considerable discussion occurred over the examination of text books on physiology and hygiene, with reference to alcohol and other narcotics. Only four books had been presented for examination. The committee reported relative to these books; it was directed to confer with a similar committee from the State Board of Education, and to report again at the next regular meeting. It is hoped that publishers of school books will give early attention to this subject, and that more than one book can be approved at that time.

### Selected Articles.

#### SPINAL CURVATURE.

CLINIC BY GEO. HALLEY M.D. KANSAS CITY MEDICAL COLLEGE.

Gentlemen: Spinal curvature—I use that term in preference to spondylitis—may be divided into two great classes,—

1st. That due to organic disease, inflammatory softening of the intervertebral substances, and vertebæ.

2nd. Weakening, or paralysis of one of the lateral sets of muscles of the back.

In the first variety you will find the curvature lateral, angular, or a combination of both lateral and angular, with more or less actual shortening and ankylosis. There is a great deal of pain, and at times, particularly in the later stages of the disease, a great deal of pain from pressure, either on the intercostal nerves or on the spinal cord itself,