

was begun, all pain and most of the swelling and tenderness had disappeared, and the patient was able to sit up and be dressed, and was married on that day. In this, as in the other cases, tonics were given for a time, but the limb had completely recovered its functions and appearance, within three weeks after the onset of the disease.

CASE V.—Mrs. D., delivered of twins April 23rd, 1889, version being performed for the delivery of the second child by the attending physician, much hæmorrhage, patient very weak. Phlegmasia dolens set in eleven days after confinement, not severe, but both limbs were affected. The same course of treatment was pursued as in the other cases, with the result that on May 15th, eleven days after the disease set in, all trouble with the limbs had disappeared, and the patient though weak, was able to be up and about the house.

From the foregoing cases I would infer :

First—That we have in salicylate of soda a remedy that does modify the disease to a very great extent. I think I may fairly claim that it obviates almost entirely the tendency of the disease to become chronic.

Second—That to obtain this result, the drug has to be pushed to get its full physiological action, and persevered in for at least six or eight days.

Third—That the reason the drug does not seem to act with such promptitude as it does in rheumatism is :

(a) That the subjects of phlegmasia dolens were very anæmic and weak, and consequently bad subjects for the exhibition of such a drug as soda salicylate.

(b) That in phlegmasia dolens we have an inflamed condition of veins to overcome as well as a morbid condition of the blood.

Fourth—That the treatment of phlegmasia dolens by soda salicylate rests on as reasonable grounds as that of acute rheumatism. As, if we grant that rheumatism is due to the blood sepsis, arising from the presence of a special germ in the organism, and that soda salicylate is a potent remedy, and more or less effectual antidote for that condition, it is not unreasonable to suppose that it would be quite as effectual in the treatment of phlegmasia dolens. For without claiming any necessary relation between the two diseases, they seem to have some points in common, as for

example, the condition of anæmia, and the excess of fibrin in the blood that exists in the majority of cases, the proneness of each to become chronic, and, lastly, should the result of my experience be borne out by further clinical observations, we will have another striking similarity, in that both diseases are beneficially affected by the action of the same drug, soda salicylate.

NOTES OF CASES.*

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TRACHOMATOUS KERATITIS, (OR PANNUS SARCOMATOSA.)

James H., aged 24 years, a well nourished and robust young man from the country, kindly referred to me by Dr. Rogers, consulted me on account of failure of sight and soreness in his left eye, which had been steadily growing worse since February last. His vision in this the left eye = only $\frac{6}{30}$ or $\frac{20}{100}$, the second line of Snelling's wall type, while his right vision = $\frac{6}{6}$, or the last line. The upper lid was thickened, drooped, and moved sluggishly over the upper half of the globe. Involving both conjunctiva and cornea, and extending over the pupillary margin was a thickened network of vessels and membrane, giving the eye a reddened and inflammatory appearance, known as pannus. The condition resembled that frequently seen in the inner and outer canthi, especially of elderly people, known as pterygium, only much redder, and covering exactly the upper half of the eye, which was photophobic, lachrymated and was much irritated by wind and the movement of the upper lid, which was thickened, prominent and drooping, having a heavy and dropsical appearance.

There was no history of exciting cause, either material, thermal, chemical or organic, neither was there any peculiarity of diathesis apparent to me. On everting the upper lid it was found much congested and thickened by increased gland growth and granules, some of which were yellow, while the lower lid was simply congested.

To this Trachomatous condition of the lid, I attributed the morbid conditions of the cornea and sclera. The original disease being true

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