

cessful, as she had complete relief from this one, and kept it on four months. During all this time she was getting stronger and was free from pain. The displacement never increased after the first jacket was put on. She came back at the end of four months and we put on the fifth jacket, which was on over three months with good results. She began working and felt pretty well. We now put on the sixth jacket, and did not see her again for ten months, but had a note from her husband stating that she was doing well. After wearing this jacket two and a half months she slit it up as we had previously directed, and laced it up in front like corsets. This enabled her to wash her body and keep herself clean. She continued taking the medicine and cod-liver oil, as previously mentioned, and improved all the time. She has gained fifteen pounds in weight, is cheerful, has no pain, and does all her own work. She came back on the fifth of June last for the purpose of getting us to put on the seventh jacket which we did. After a particular examination we arrived at the conclusion that consolidation had taken place. There was no pain nor tenderness on pressure or percussion over the displaced vertebræ, nor any other bad symptoms. She wished to have the jacket put on, she said, because she felt more comfortable with it than without it. It looked to her like an old friend, and she did not wish to part with it. The cure may be considered complete, and it is not likely that another jacket will be required or asked for even for friendship's sake. In fact we did not think the last was required, but put it on at her own request as we knew it could do no harm, and it is always better to err on the safe side at any rate.

Remarks.—My reasons for reporting this case are the following :—1st. I had a conversation with an old pupil of Dr. Stewart, of Brucefield (who introduced Sayre's jacket into this county, and who probably put on more jackets than all the doctors in it), and this gentleman said that he never yet knew of a cure from it, and he only knew of one case that was benefited by it. Now, I thought, if that be true, I must report my case, which is undoubtedly a complete cure. 2nd. When we consider the age of my patient, namely, 33 years, the cure is the more remarkable, as I believe it is conceded that the older the patient the less chance there is of receiving benefit, and that after twenty

years of age the prognosis is rather grave. 3rd. My patient was over two years ailing before I saw her. The disease was very pronounced, as this report shows, and the woman in a miserable condition, all of which things were against us, for all will agree that the sooner a case of this kind is diagnosed and treated the better. 4th. The relief was instant, which in itself was worth a great deal, even if she had not recovered, and the improvement, though gradual, continuous, until the consummation so devoutly to be wished was finally arrived at.

CARBOLIC ACID IN PURULENT AFFECTIONS OF THE CONJUNCTIVA AND CORNEA.*

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A few years ago when Resident Surgeon to the Moorfield's Eye Hospital, London, I introduced into ocular practice the use of the 5 per cent. lotion of carbolic acid in gonorrhœal ophthalmia. Previous to this I had tried every variety of treatment then recommended with a success not very encouraging.

The deep transparent excavations of the cornea so frequent in this affection, so often followed by perforation and prolapse of the iris, or deeply infiltrated ulcers which, through leaking in their floor, give rise to falling forwards and adhesion of the iris to the posterior surface of the cornea not again to be loosened; or other cases in which the ulceration rapidly involved the whole cornea, causing destruction of vision, and at times of the eye itself—all these terminations have I at different times witnessed and seemed powerless to prevent. If the changes did not go so far, still I have been kept on the wings of expectation, not knowing, with the arsenal of remedies then at my command, what the outcome might be. These are a few of the considerations which made me anxious to get a better and more reliable remedy. Now, after a considerable lapse of time, I feel that I have secured the desired remedial measure in carbolic acid. I have tested its merits in all the various forms of gonorrhœal ophthalmia, for instance, in

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