

yet on the third day I had to separate them and interpose a strip of lint, as they had become united by plastic effusion. This was the only thing that occurred worthy of note. I may mention that I was assisted in the first operation by Dr. David, and in the second by Dr. Jones. During the process of cure, I paid particular attention to the condition of the eyelashes, and I can confirm the statement of Mr. Streatfield that they not only take a direction forward clear of the eye ball, but they turn upwards and backwards towards the cicatrix. I was prepared to see them take a direction forward, but I must confess I was astonished to perceive the disposition they evinced to turn upwards towards the eye brows.

After the operation, the wound should be bathed with cold water, and slight water dressing kept to it till cicatrization takes place.

This girl remained under my observation for a couple of months, and her eyesight became strong and good; she soon began to read and sew, which she had not done for three years.

Montreal, February, 1861.

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ART. XI.—*Angina Pellicularis*. By P. G. FARNSWORTH, Esq., Philipsburg, C. E.

As much interest exists in regard to malignant Angina or Diphtheria at present, I take the liberty of sending the following brief report of cases occurring in our practice, the first that have appeared here or anywhere among neighbouring practitioners, as far as I am able to learn.

I was called Dec. 19th to see Anna H—, aged 8 years, who had complained of sore throat and headache three days before, and of chills; was kept from school. This morning was taken with vomiting, and the neck was swollen largely on the right side, below the angle of the jaw. The voice was unchanged and there appeared but little difficulty in deglutition. The countenance was pale and anxious, the skin moist, the pulse 100. The tongue was loaded with a thick white fur, breath very disagreeable. On depressing the tongue which was swollen at its base, the velum palati was found covered with irregular patches of dirty white membrane, looking like pieces of thick pasteboard stuck upon the mucous surface. The tonsils were also covered, and the uvula, but uniformly. The palate was somewhat inflamed, and the fissures between the membrane were livid.

Applied, with the sponge probang, a solution of Argent. Nit. (gr. xl to aqua ʒj), which not seeming to affect the membrane or edges, applied the solid Argent. Nit., with the caustic holder. Left the solution with directions to apply every six hours. Ordered Potass. Chlorat. in solution in three gr. doses every three hours, and gutt. v of Tinct. Fer. Muriat., every alternate three hours. The bowels to be moved gently with Ol. Ricini. Warm fomentations to be applied to the neck externally.

Dec. 20. Passed a comfortable night, tongue cleaning off, pulse 100. The membrane presented a uniform appearance over the velum palati and tonsils; no fissures in it. Could not perceive that it had extended any further down the pharynx. Continued the use of the Argent. Nit. in solution and also the Potass. Chlorat and the Tinct. Fer. Mur.