

the wound. While speaking upon the subject of antiseptic dressing he remarked that, when in Edinburgh last summer, Prof. Lister employed two assistants to throw carbolic spray over and around the wound as the dressings were being changed. This to him seemed going beyond what was necessary to obtain the benefits of carbolic dressings; as surely a granulating surface already carbolicized should effectually check and destroy any chance germs that might alight upon its surface.

Dr. FENWICK mentioned that in the Hospital he had a patient who was struck on the outside of the kneejoint with a tomahawk, and who was not doing well. Every precaution had been used to exclude air, but the joint was becoming ankylosed.

Dr. HINGSTON said he tapped in acute cases, before pus was formed. He of course endeavored, as far as was possible, to exclude air, but if it did get in, it did not produce the terrible mischief attributed to it. He tapped as soon as he was sure fluid was present, so as to relieve tension, a proceeding which gave great ease to the patient. In acute general arthritis tapping was not called for, and could only produce mischief, but as synovitis frequently led to general arthritis, he believed early tapping would frequently cut short the disease. In the cases where he had tapped, the relief was so marked that he was able to discontinue attendance on the fifth or sixth day, whereas previous to his adoption of this method of treatment, attendance extended to a much longer period. It was, of course, necessary to distinguish between synovitis and arthritis, but the history of the case, and the character of the pain, would suffice to distinguish them. He was glad to have heard Dr. Baynes very interesting paper, as it afforded an opportunity to take up generally the subject of inflamed joints, and their tolerance of air, with or without the favorite antiseptic.

Dr. FENWICK said that he had never tapped the knee-joint in synovitis, and yet his case did very well indeed.

Dr. BAYNES, in replying to the debate, said that the term antiseptic, which he had made use of, was not quite correct, for it was derived from the Greek, and meant "*against pus*." There was no mistake but that air entered the joint, for it was exposed during the whole time they were driving to his residence, eight miles from the scene of the accident, and back again, a period of fully two hours. The joint was well washed out with the carbolic acid lotion, and the hemorrhage was controlled by torsion. There was not any foot-piece to the splint that he employed, and

the foot inclined to fall to one side, so that he had it supported by pillows. The patient was able to sit up on the fourteenth day, and on the December following the accident he was walking quite firmly, although the limb was in a somewhat atrophied condition.

A vote of thanks having been passed to Dr. F. W. Campbell and Dr. Baynes for their papers, the meeting separated.

MEETING HELD DECEMBER 14TH, 1872.

Dr. R. PALMER HOWARD, President, in the chair.

Dr. PROUDFOOT was proposed as a member.

Dr. BESSEY then read the following paper on the hypodermic use of strychnia in a case of total blindness. He said:—

MR. PRESIDENT, AND GENTLEMEN:—

The case I have deemed of sufficient interest to bring before you, is that of a poor woman, who for the past four years has been afflicted with almost total blindness, but which happily I have succeeded, far beyond my most sanguine expectations, in relieving, by a tonic course of treatment, and especially hypodermic injections of a solution of strychnia. I have said *almost* total blindness because, although obliged to be led or to grope her way, yet still, when brought to me in August last, she was able to distinguish day from night, and could point out the situation of a window by the light appearance at the point of its situation, and by turning her eyes slightly downwards, she could discern obstacles before her, although their outlines were undefined.

I have used the word *amaurosis* in handing the name of this paper to our worthy Secretary; not because I wish the term thus used to be taken to signify a definite diagnosis of the case as such; more especially as *amaurosis* has come to be a very indefinite expression, which may be taken to mean any one of the numerous class of affections caused by, or depending upon, various lesions or degenerative changes occurring in the optic nerve, retina, choroid coat, or other deep-seated structures of the eye, not usually implicated in the formation of cataract, and often dependent upon diseased action in the nerve centres. The eye which I particularly desire to refer to in this communication is the right one, and which I have chosen to designate a case of *amaurotic blindness*; although, of course, the left will demand a share of attention, as the seat of an opacity which three months ago entirely obscured the vision.

Mrs. H. is a woman of spare habit of by, lig ht