that before seemed monotonous. One thing in which I think all will agree with me is this, that a little art cannot injure us in any way, even if it is æsthetic.

Cambridgeport, Mass., Oct. 13, 1885.

AN ADDITIONAL CASE OF ACUTE PHTHISIS— QUICK CONSUMPTION—RECOVERY.

BY P. C. JENSEN, PH.C., M.D.,

OF CHICAGO.

Mrs. A.; age 27 years; married; mother of two children. Family history of phthisis on mother's side. Lost one brother of pulmonary tuberculosis, at 23 years of age, about one year ago. The appearance of Mrs. A. when first seen by me was that of extreme emaciation. Her anæmic and debilitated condition gave her a dull and sallow expression, exhibiting with marked distinctness that peculiar white pearly and glossy appearance of the sclerotic, and ocular conjunctiva so characteristic in phthisical subjects.

The patient had suffered considerable loss of strength from a long-existing menorrhagia, to such an extent as to reduce the inter-menstrual period to ten days. During this inter-hæmorrhagic interval she suffered additional exhaustion from a profuse leucorrhœa. She was troubled with a severe cough, worse in the afternoon, and continuing until after midnight. She expectorated large quantities of yellowish green, tenaceous, but putrid matter.

Toward morning she saturated her clothing with a profuse and debilitating perspiration. Her temperature reached 102° in the afternoon, but was sub-normal in the morning. Respiration was bronchial in character, 32 per minute. Pulse 140. She experienced a great deal of pain in her left side, and suffered from an almost continued vertical headache. Excessive coughing induced at times a reflex nausea.

There was decided bronchial respiration in the left lung. Increased vocal fremitus and a variety of dry, moist and crepitant râles were audible over the superior anterior two-thirds, and superior posterior one-half, of her left lung. Right lung not affected. The patient had no appetite, her bowels were constipated, and her vital powers greatly exhausted, due to destructive retrograde changes instituted within the pulmonary tissue.

By active therapeutic interference, consisting of tonic, nutritive and restorative treatment, and by the administration of remedies having antiseptic influence over pulmonary retrograde processes; also by the additional salutary effects afforded in checking exhausting discharges, viz: menorrhagia, leucorrhœa, and night-sweats, the patient soon gave evidence of improvement, and before long was convalescent. Each case demands a therapeutic difference in treatment, according to the stage of the disease, the peculiarity of the local lesion, its symptomatology, complications, etc., and therefore such variation should consist in the prudent administration and application of rational medicine, so that each remedy shall meet a certain, definite indication.

Each case must be treated upon its own merit.

For the menorrhagia and night sweats ferruginous preparations, ergot and belladonna were given in combination after meals; iodoform for its local antiseptic effect upon the lungs. Nux vomica, maltine, digitalis, comp. syr. of hypophosphites, etc., were administered for their tonic, nutritive and restorative influence. The patient is restored to a condition of healthfulness, with no apparent symptoms of return of her disease. November 15th an examination revealed normal vesicular respiration. She has no cough, no pain; has gained ten pounds in body weight in the last thirty days. She is doing her own housework.

It must be remembered that there exist various forms of consumption, which differ clinically. Each case therefore requires a difference in treatment. Again, in the same case there is a development of symptoms forming stages of the disease, each stage demanding its own treatment. Some forms of phthisis, if not too far advanced, admit of recovery. Other forms, especially well advanced cases, speedily or slowly run on to a fatal termination. Pulmonary therapeutics, by means of the Pneumatic Cabinet, can be efficiently applied directly to the respiratory mucous membrane of the air vesicles, with beneficial results, in connection with the medical treatment.

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OSSIFICATION OF THE CHOROID.¹

BY LYMAN WARE, M.D.

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Although calcareous formations within the eye are of frequent occurrence, osseous formations are not so common but that the following case may be instructive both pathologically and clinically. For a long time all hardened deposits in the eye were considered calcareous, and the formation of true bone was much doubted. Knapp collected and studied quite a number of cases of ossifications within the eye, which he published in the *Archives of Ophthalmology and Otolaryngology*, Vol. ii, pp. 1-35. At that time he considered the capillary layer of the choroid the origin of all intra-ocular ossifications. Since then a number of cases have been reported (Knapp's *Archives of Ophthalmology*, Vols vi and ix) in which they occurred in other structures.

The formation of bone is usually preceded by prolonged and frequently severe intra-ocular inflammation, and is generally of traumatic origin. The development of bone requires no other antecedent condition than a vascularized connective tissue.

The following is a brief history of a case that came under observation: Mr. J. D., farmer, æt. 20, of American birth, when 9 years of age was struck accidentally in the right eye with the handle of a pocket-knife, which completely and instantly destroyed vision, and caused severe inflammation in and about the eye, accompanied by great pain and much distension of the ball and surrounding tissues. This continued for several weeks. During the five or six subsequent

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