objects which is incidental to advancing years. But the compression of the ciliary nerves, in so far as it acts upon their filaments derived from the third, still further diminishes this power of accommodation, to which the third nerve is contributory; and it also tends to weaken the sphincter of the pupil, which is supplied with motor energy from the same source. The compression of the sensory filaments, derived from the fifth, at first produces a certain degree of numbness, or anæsthesia, which, if the pressure is increased, often passes into acute pain. The compression of the retina, and the derangement of its circulation, together produce impairment of vision; and this impairment, although it is generally universal, is yet usually most declared at the peripheral parts of the membrane, and thus explains the phenomenon which is described as contraction of the field of vision. The surface of the optic nerve is the least resisting part of the surface of the posterior ocular cavity, and, under a steady increment of fluid, something must give way. The nerve-surface yields, and is pushed back, so to speak, out of the eye, becoming converted into a cup or excavation. As it recedes, it drags the retinal fibres backwards, causes them to bend round the sclerotic opening at a sharper angle than formerly, and subjects them, especially at this angle, to increased compression. The result is that the retina as a whole, and first the portion immediately around the nerve-entrance, undergoes wasting and decay.

When the increase of pressure is extremely slow and gradual, and, it may be presumed, only in the case of persons of somewhat torpid nervous sensibility, the phenomena of glaucoma may from first to last be unattended by pain, and vision may slowly fade away under the influence of an atrophy occasioned by the compression of nerves and bloodvessels. The patient, in such cases, usually complains only of failing sight, and a careful investigation of his history will probably show that his troubles first took the form of premature or rapidly increasing presbyopia. He often sought relief from stronger and still stronger spectacles, and every such increase of power was serviceable for a time. On examination of the eyes, the pupils are large for the period of life, and contract sluggishly, and the surface of the cornea is less sensitive to contact than in the normal state. Sometimes the pulp of a finger may be gently laid upon it, without exciting any contraction of the orbicularis, and without the patient appearing to be conscious of the touch. The field of vision will be somewhat narrowed in, often more on the nasal than on the temporal side, but yet, on the whole, concentrically, and not irregularly or in sectors. The eyes will be a little hard, and, if one is worse than the other, the worse eye will usually also be the harder of the two. Very often ophthalmoscopic illumination will display some striæ of commencing cataract at the peripheral part of the lens, while the media are still transparent in the axis of vision. The optic disc will have a generally pale aspect, and its surface will be a little concave or saucer-like. It will often be bounded by a well-defined white ring, which is the edge of the sclerotic foramen, rendered unusually visible by the wasting of the nerve-fibres which bend around its margin, and which, in the natural state, more or less damp its whiteness, and conceal it from view. The arteries will be pale and small, the veins more conspicuous, somewhat dark, full, and winding. In the veins, and perhaps also in the arteries, a pulse will be visible, or may be produced by very light digital pressure upon the globe. If left without effectual treatment, such a case goes steadily, even if slowly, from bad to worse, and ultimately the sight becomes totally extinguished. The condition was long known as "atrophy with excavation of the optic nerve," and is now called simple, or simple chronic, glaucoma. It may serve as a convenient clinical basis for the study of other and more acute forms of the malady.

PUTRID MEAT.—The owners of the South-Eastern Wharf and Warehouses, Bankside, were lately summoned by the St. Saviour's Sanitary Authority for having stored on their premises several hundred tins of preserved meat in a putrid state and dangerous to the health of the inhabitants. The medical officer of health for the district, Dr. Bianchi, gave evidence to prove the bad condition of the meat. The magistrate promptly made an order for the immediate destruction of the whole, with costs.

CLINICAL COMMENTS

ON A

CASE OF ACUTE GENERAL LICHEN PLANUS,
SIMULATING PAPULAR SYPHILITIC
RASH, IN A BABE.

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I INVITE attention to a very interesting case of lichen planus, the eruption of which may readily be mistaken for a syphilitic rash. We have seen a good many instances of lichen planus together amongst the out-patients of University College Hospital during the last year, but none have exceeded in interest, from a diagnostic point of view, the case upon which the subjoined remarks are based. The following is its history:—

Kate F—, aged nine months, was brought to me at University College Hospital, on July 1st, 1873, with "a rash which had come out all over her." The mother was fairly healthy, but there was a suspicious history about her of syphilitic infection. She has lost her hair, her throat has been sore at times, though not in any marked degree. She suffers from "chronic rheumatism" about the hips and head, and she has had five miscarriages. The child in question was born at the full time, and is declared to have been quite healthy until it was six months old, and then she was vaccinated. The operation did not succeed, but three or four days afterwards the mother noticed some pimples on the left hand. They "looked like bites," she says, and just like the "point appears when vaccination is taking." A fortnight afterwards other spots appeared about the buttocks and ankles, and by degrees all over the arms. The body was next attacked by a "thick, fine rash." The eruption itched a great deal, and worried the child considerably. The mother states "that at first the spots were quite separate the one from the other, of a very bright-red colour, very pointed [she means raised], whilst they quickly began to flatten, and, as they became flattened, the skin of the point seemed to die off." At the same time "they became shiny-looking," and assumed "a purplish tint." After a while the spots began to arrange themselves in clusters about the ankles, the buttocks, and the arms. The disease, the mother adds, "has been just that rash the whole time." Such is the mother's description. It shows that the eruption is, and always has been, a papular one, patches being formed by the crowding together of papules.

Present state.—The child looks quite healthy. She is well nourished, has not lost flesh, and exhibits no sign of cachexia of any kind. On the face, over both cheeks, are twenty or thirty scattered, distinct, reddish-brown, firm-feeling papules, the size of large pins' heads. At the back of the neck, and about the forehead and the temples and across the nose, there is a small palish-red papular rash, uniformly scattered over the surface in these situations. The papules are slightly raised, and of the size of pins' points or rather larger. Over the arms, the legs, and the buttocks the rash is not unlike a papular syphilide, consisting of large, reddish-brown, firm papules, most of them discrete, but many aggregated together. Over the back and the abdomen the rash is "much finer," and made up of smaller, flatter, and paler papules, as thickly set together as though each follicle were attacked.

All the papules, whether large or small, were at first bright-red, but have faded after a while in colour, and have become flattened at their apices and "shiny-looking." The papules have this additional feature in common, that they flatten at their apices, are more or less angular at base, and exhibit in their centres a minute puncture, indicative of the opening of the hair-follicles, which are the anatomical seat of the papules; whilst, viewed by a side-glance, the papules exhibit a glistening appearance, and this gives a shining look to the skin as a whole, where the papules are thickly crowded together *en masse*.

Remarks.—The disease looked like syphilis, and the idea of its syphilitic nature was countenanced by the fact of the mother being syphilitised; but then there was an entire absence of any sign of cachexia or other concomitant signs of syphilis in the child. Supposing the rash to be syphilitic

it was so plentiful that the child could not but be considered as very syphilitic, and yet it was certainly the reverse of syphilitic, judging from its general state and special local phenomena. The rash was definite and uniform in character, not multiform, as in syphilis. It was papular throughout its course, and the papules were characteristic of lichen planus; they were dull red in colour, angular at base, flat and shining at their apices, each with a central puncture, and patches were formed by the crowding together of the papules.

It is rare to see the disease in so young a child, and it is an important matter to recognise the disease, lest an anti-syphilitic treatment be adopted in such a case.

The disease begins as a vaso-motor disturbance of the deep part of the hair-follicles, which is followed by hyperplasia of the cell-elements of the root-sheath. It indicates defective nutrition from defective nerve-power, and the treatment consists in free inunction of oil, to diminish the hyperæmia and soothe the skin, and internal tonics, especially good food and iron, with diuretics should the skin be very hyperæmic over a large extent of surface.

The disease in this case was diagnosed as papular eczema by a foreign medical man of some distinction, who was present when the child came to me. Herein is another instance of what I have repeatedly said in print, that under the term eczema the most diverse things are classed. An American physician who was present when the child was under examination on one occasion, and whose opinion is entitled to considerable respect, informed me that the case would have been regarded as syphilitic at Vienna. I have given my reasons why it is not syphilitic, and pointed out how it exactly corresponds to the description in all particulars of lichen planus; and if my informant be right, the dermatologists of Vienna have yet to learn what lichen planus, especially in a child, is. As showing that Hebra and others have yet to recognise English forms of skin disease, I may mention further that this same gentleman saw several cases of *contagious impetigo* which happened to present themselves amongst my out-patients at University College Hospital, and having satisfied himself of its distinct and peculiar features as a separate disease, and by inoculation of himself, he informed me that the disease which I showed him was not that which Hebra and others at Vienna recognised as *impetigo contagiosa*, but that these gentlemen seem to regard severe *impetigo* of the face as my *impetigo contagiosa*; but I have in the clearest manner pointed out that the disease consists essentially of distinct isolated vesico-pustules, and not patches. I again urge the necessity of remembering that diseases vary in aspect in different countries, and that the German text-book cannot be taken as an exact guide to English skin diseases, nor will an English text-book afford true descriptions of typical instances of disease as seen abroad.

The child rapidly recovered under the influence of steel wine and the free use of linimentum aquæ calcis externally.

RESULTS OF
THIRTY-FOUR CASES OF GASTROTOMY,
PERFORMED WITH A VIEW OF EXTIRPATING TUMOURS
HAVING THEIR SEAT IN THE EPIPLOON, MESEN-
TERIES, BROAD LIGAMENTS, PERITONEUM,
SPLEEN, OR PELVIS.

BY M. J. PÉAN,
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(From Notes translated by WILLIAM E. ROWLATT.)

THE following are the notes of all the operations of gastrotomy performed by M. Péan since the 20th February, 1868, to the 31st December, 1875, excepting those done with the object of removing tumours from the ovaries and the uterus. Some of them were performed owing to slight errors of diagnosis as to the seat of the tumour. Observation 35 is a case of complete extirpation of the spleen for a cyst which was developed upon that organ, and presents great interest owing to the rapid recovery of the patient, who is alive at the present moment, nine years after

the operation, and the fact of this case being unique as far as we are aware.

CASE 1.—February 20th, 1868. Multilocular cyst of the broad ligament of the right side; general vascular adhesions; short pedicle. The surface of section of the pedicle cauterised; eight ligatures. Death from exhaustion.

CASE 2.—Multilocular cyst of broad ligament, resembling a fibro-cystic tumour of the uterus by the breadth of its pedicle; no adhesions. Removed in pieces, followed by cauterisation; several ligatures; tube left in the pelvis. Weight 18 kilogrammes. Death from pelvic peritonitis.

CASE 3.—November 5th, 1872. Abdominal tumour mistaken for an ovarian cyst. Punctured twice; exploratory incision followed by a flow of twenty litres of ascitic fluid. The bowels, with the epiploons and the peritoneum, were injected, and were bound together by firm adhesions. Recovery.

CASE 4.—June 19th, 1873. Areolar cyst of the broad ligament. Adhesions formed with mesentery, intestines, uterus, and abdominal walls; weight seventeen and a half kilogrammes; contained twenty litres of viscous liquid. Three different portions of the tumour which were excessively adherent were drawn together to form a pedicle, and were allowed to suppurate. Recovery.

CASE 5.—June 24th, 1873. Multiple cysts of the mesentery and great epiploon. Largest contained eighteen litres of blood-stained liquid; several were joined to the principal cyst by pedicles; general pelvic adhesions. Anterior surface adherent to great epiploon, which was partially separated from the cyst; the remainder was ligatured and excised; while the part which had been separated was replaced in abdomen; several ligatures. Recovery.

CASE 6.—August 19th, 1873. Unilocular cyst of the left broad ligament; adhesions with uterus. Contained twenty-seven litres of serous liquid. Tube left. Treated by sup-pur-ation. Recovery.

CASE 7.—August 28th, 1873. Multilocular and areolar cyst of left broad ligament. Contained five to six litres of sero-purulent liquid. The areolar portion of the tumour presented an aspect of encephaloid cancer. Adhesions with peritoneum, intestines, epiploon, and above by a strip with the inferior surface of the liver. Tumour extirpated by segments. Weight of whole mass, 1790 grammes. Death from peritonitis on seventh day.

CASE 8.—Sept. 25th, 1873. Multilocular cyst of right broad ligament; adhesions with uterus. Patient very weak; suffers from asthma. Weight of tumour, 2100 grammes; contained sixteen litres of liquid. Death from asthma on the fourth day.

CASE 9.—Oct. 16th, 1873. Multilocular cyst of left broad ligament; adhesions with epiploon, intestines, and uterus; latter organ greatly hypertrophied. No pedicle. Several ligatures. Suppuration. Weight 1275 grammes. Seventeen litres of liquid. Recovery.

CASE 10.—Dec. 11th, 1873. Areolar cyst of left ovary and broad ligament. Punctured once before operation; gave forty-eight litres. Uterus, greatly hypertrophied, was propelled through incision by tumour which occupied the whole pelvic cavity. The tumour was destroyed in two portions. The fundus of the uterus was amputated. Tube passed through vagina, passing out through the wound. Several hæmostatic plugs were left in the wound. Recovery.

CASE 11.—Jan. 6th, 1874. Fibro-cystic tumour occupying the pelvic cavity, and adherent to the mesentery. Contained several fragments of bone resembling the human skeleton; taken out in segments. Pedicle treated by sup-pur-ation. Recovery.

CASE 12.—Jan. 8th, 1874. Cyst of left broad ligament; adhering in front to abdominal wall, and behind to intestines; nine litres of liquid; pedicle ten centimetres in breadth. Left ovary was included in the wall of the tumour. Recovery.

CASE 13.—Jan. 15th, 1874. Cystic cancer of the pelvis. Twelve litres of purulent matter withdrawn. Numerous adhesions with intestines. Treated by suppuration. Death.

CASE 14.—Jan. 28th, 1874. Cancerous tumour of pelvis. Fifteen days before operation thirty litres of greenish gelatinous liquid withdrawn. Several cancerous tumours were found dispersed in the peritoneum. Wound closed. Death.

CASE 15.—Feb. 5th, 1874. Multilocular cyst of right broad ligament; areolar in its inferior portion; situated