pupils reacted normally to light. The right eye was normal in appearance, emmetropic, and had a healthy fundus.
Fatehgarh, United Provinces, India.

A CASE OF SUPPURATION OF THE EYELID AND SUPRA-ORBITAL REGION FOLLOWING CAUTERISATION OF THE NASAL REGIONS.

BY W. R. H. STEWART, F.R.C.S. EDIN., M.R.C.S. ENG.,
SURGEON TO THE EAR AND THROAT DEPARTMENT, GREAT NORTHERN CENTRAL HOSPITAL; CONSULTING SURGEON TO THE LONDON THROAT HOSPITAL, ETC.

THE patient, a boy, aged 16 years, consulted me on Friday, Jan. 6th, for nasal obstruction. Both inferior turbinates had their mucous membranes hypertrophied. I cauterised the right side and sent him home with instructions to keep quiet indoors. These instructions he carried out as follows. The rest of that day (Friday) he spent walking about London. On Saturday he went shopping in the morning and to a theatre in the afternoon. On Sunday he went to church in the morning and visiting in the afternoon. On Monday morning he felt pain in the eyebrow; he, however, drove to Putney for a dance that evening. On Tuesday, notwithstanding pain, he again went to the theatre. On Wednesday he returned home and went to bed. On Friday he came to me—a bitter east wind was blowing—and I found the supra-orbital region and eyelid swollen and cedematous. The following week I freely incised both places and found a large amount of pus. After this the boy did well. Never having come across a similar sequel I think it worth recording as emphasising the necessity of care, even after a simple cauterisation, more especially in bad weather.

Devonshire-street, W.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Prooemium.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL.

A CASE OF PSORIASIS DIFFUSA.

(Under the care of Dr. WHEELTON HIND.)

FOR the notes of the case we are indebted to Mr. Eric E. Young, house surgeon.

The patient, a female aged 18 years, was admitted to the North Staffordshire Infirmary on March 10th, 1905, under the care of Dr. Wheelton Hind, suffering from psoriasis diffusa. A year previously she had first noticed an eruption commencing on the forearms and the legs and this had rapidly spread. She attended the out-patient department for many months with little or no benefit, various drugs and applications being employed. At one time it was thought to be a case of specific disease but a long course of mercury and iodide of potassium produced no change in the condition. As she steadily got worse and the eruption continued to spread without showing any signs of disappearing she was admitted to the hospital and the first photograph shows the condition of her arms and hands. The photographs of the legs and trunk were not a success and therefore are not published. The face was not affected though the patient stated that she had had a scaly eruption on the cheeks. The nails also were normal. The whole of the arms, the forearms, the hands and fingers, the thighs, the legs, and the dorsum of the feet were covered with dense silvery scales, both the flexor and extensor surfaces being equally affected. Great pain was complained of in the hands owing to the cracking and excoriation of the skin and she could not even hold a pen within the fingers. Numerous

patches of variable size were also present on the anterior and posterior aspects of the abdomen and thorax. The temperature was normal and the patient's general health did not seem to be in the least affected.

FIG. 1.

Condition of patient before treatment.

Treatment was carried out in the following manner. A daily morning bath was given for half an hour in water boiled with bran and at a temperature of 95° F. After the bath the body was rubbed with salicylic acid ointment (10 per cent.). Two grains of thyroid extract in the form of tabloids were given night and morning, and the patient was ordered a mixture containing four minims of arsenical solution and 20 grains of citrate of potassium three times a day. The dose of arsenical solution was quickly increased to ten minims and in a week the amount of the thyroid extract was increased to five grains night and morning. The second photograph, taken ten days later, shows very

FIG. 2.

Condition of patient after treatment.

markedly the effects of the treatment. The patient has now left the hospital but has been ordered a course of treatment by thyroid extract and arsenic.

Remarks by Mr. YOUNG.—The foregoing case is, to my mind, of sufficient interest to place on record if only because it shows how a patient who has been attending the out-patient department of a large hospital for some time may occasionally derive much benefit from a short period of proper and efficient treatment when admitted as an in-patient. I must express my gratitude to Dr. Hind for so kindly according me his permission to publish the notes and to reproduce the photographs of the case.

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.

A CASE OF ANTHRAX SUCCESSFULLY TREATED WITH SCLAVO'S SERUM.

(Under the care of Mr. J. LIONEL STRETTON.)

THE patient, a female, aged 17 years, was sent to the Kidderminster Infirmary and Children's Hospital by Mr. H. L.

Miles on April 24th, suffering from a well-marked malignant pustule situated in front of the right ear. She was employed as a spinner and she stated that she remembered scratching her ear with a hairpin a week previously. Two days later she felt an irritable papule which gradually increased in size. The pustule involved the lobule of the ear, the anterior wall of the auditory canal, and the adjacent portion of the cheek. There was a considerable amount of œdema and swelling extending forwards to the malar region and downwards into the neck. Her general condition was satisfactory. Examination of the serum from some of the surrounding vesicles showed large quantities of anthrax-like bacilli. She was immediately admitted and 40 cubic centimetres of Sclavo's serum were injected above her abdomen. There were no local reaction and very little general effect, her highest temperature (100° F.) being reached in 50 hours. The swelling gradually subsided and she was discharged cured in six days.

It was intended to save some tubes of serum for cultivation experiments but this was unfortunately forgotten. On the second day some tubes were taken and were then sent to the Clinical Research Association. The report upon them was as follows: "On direct examination no anthrax bacilli could be found. Media were inoculated and cultures containing the streptococcus pyogenes, staphylococcus pyogenes albus and aureus, and some rod-shaped organisms were obtained, but no colonies of the bacillus anthracis were present."

Remarks by Mr. STRETTON.—This is the fifth case treated in this country by Sclavo's serum without operation and the fourth successful one. I have already reported a case treated by the combined method of excision and inoculation and I am still of opinion that this method ought to be adopted in all cases where it is possible freely to excise the pustule. In this case it was quite impossible and I therefore felt fully justified in using the serum alone. The case was certainly a bad one and from my experience I should have expected a fatal result. How far this was averted by the use of the serum it is impossible to say but the results so far are certainly encouraging. It is interesting to note that no bacilli were found in the serum which was taken 36 hours after the injection, although it was previously teeming with them.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Morbid Anatomy of Myasthenia Gravis.—Morbid Growth from Angora Ewe.—True Hermaphroditism in a Leghorn Fowl.—Congenital Malformation of Lower Extremities.

A MEETING of this society was held on May 16th, Mr. RICKMAN J. GODLEE, the Vice-President, being in the chair.

Dr. E. FARQUHAR BUZZARD read a paper on, and showed specimens illustrative of, the Morbid Anatomy of Myasthenia Gravis. The central and peripheral nervous system in cases of this disease had been often examined by a number of competent observers but had not shown constant changes. During the last few years attention had been drawn to the occurrence of hypertrophy or tumours of the thymus gland associated, in certain cases, with deposits of lymphoid cells in the skeletal muscles, by Weigert, Goldflam, Hun, Link, and others. Dr. Buzzard had examined post mortem five cases of myasthenia, in three of which there were no marked naked eye changes. In one case, that of a woman, aged 29 years, there was a large thymus gland weighing 41 grammes and having the characteristic bilobar appearance of the normal gland in early life. Microscopically it presented the features of a simple hypertrophy and was noticeably free from eosinophile cells, large numbers of which are generally found in the enlarged glands of children. In another case there was found a large mass in the anterior mediastinum in the position of the thymus gland but without its characteristic appearance. The upper part of the mass resembled a new growth and was adherent to the surrounding structures; the lower part consisted of a multilocular cyst containing cloudy fluid. Sections of the neoplastic portion showed strands of connective tissue between which were large masses of small round cells and very few definite concentric corpuscles. The

walls of the cystic portion showed similar features but contained occasional Hassall bodies. In the three other cases the thymic remains did not present any features which could be considered abnormal. The central and peripheral nervous system was carefully examined in all cases but no constant or important changes were detected. The investigation of the muscles and of the visceral organs yielded positive results of a constant kind in all five patients. The most important and characteristic of these was the presence of small foci of cells resembling lymphocytes scattered irregularly between the cells of a glandular organ. The term "lymphorrhage" might be applied to these collections both on account of the characters of the cells of which they were composed and because their general appearance was suggestive of a capillary hæmorrhage with the distinction that the cells were not red blood corpuscles. A small empty capillary vessel lined by a single layer of endothelium was sometimes observed in the neighbourhood of these lymphorrhages. The latter had been found in a smaller or larger number of the muscles of each case but, in some instances, only after a prolonged search. The ocular muscles had been most fruitful in the three cases in which they had been examined. The only other changes in the muscles were presented by a few fibres which had become swollen and rounded, more hyaline or granular in appearance, and often showing a tendency to stain a paler hue with eosin or fuchsin. Lymphorrhages were found also in the liver, the adrenal bodies, the thyroid gland, and in the cardiac muscle, and in one instance a similar condition was detected in a posterior spinal root ganglion. In the glandular organs the cellular deposits were frequently unaccompanied by any other changes, but in a few instances, where the lymphorrhage was of larger size, the neighbouring gland cells had undergone degeneration or destruction. As a result of the investigation it was evident that the thymus tumours or thymus hypertrophy were not constant characteristics and that they must not be regarded as the origin of the other changes but rather as associated phenomena of frequent occurrence and great interest. The fact that in five consecutive cases similar microscopical changes had been found in the muscles and other organs went a long way towards establishing a definite morbid anatomy for the disease. The objection to that view, which might be advanced on the ground that previous observers had failed to describe these changes, was met by the very extensive search required to establish their presence and by the well-known truth that what was not particularly looked for was frequently overlooked. The absence of blood changes and of any alteration in the general lymphatic system rendered the origin of the lymphocytic deposits very obscure and little light could be thrown on the relation of the morbid changes to the clinical features of the disease.

Dr. W. E. DE KORTÉ showed a Morbid Growth obtained from the Anus of an Angora Ewe. The Angora goat was an importation into South Africa where this disease occurred and it was remarkable that the aboriginal goat of the country, the so-called Cape goat, was practically immune to this disease. The ewe was nearly always affected, though rarely the ram was also attacked, and then the penis was said to be the site of the disease. The apparent immunity of the male might, however, be due to their relatively small number in a flock compared to the females. The disease rarely, if ever, affected animals under two years of age, the age incidence being from two to four years. Particular strains of ewes appeared to be more susceptible than others, those having a peculiar whitish appearance about the anus, roots of the horns, eyes, and nostrils being particularly liable to the disease. The disease started as a small wart which gradually spread and the whole of the anus might become involved. It soon, however, underwent ulceration and presented a raw fungating mass which bled readily and emitted a horrible fœtor and became the abode of maggots and of bush lice. A further point of interest was the incurability of the disease; all sorts of caustics, including arsenious acid, had been tried without avail and after lingering on for some months the affected animal died in a cachectic condition. So well was the mortal character of the disease recognised that careful farmers invariably cut the throats of the diseased ewes as soon as it was detected and this was done not only on humanitarian grounds but because it was generally believed to prevent the spread of the malady in the flock, the ram being supposed to convey the disease from one animal to another. He had, unfortunately, not been able to make post-mortem examinations so he could not say whether