116, and the respirations were 36. 30 grains of potassium bromide and 15 grains of chloral were given by a nasal tube. At 10 P.M. an attempt was made to induce labour. Chloroform was administered and a "penny air ball" was introduced through the cervical canal, which at the time admitted two fingers. The "air ball" was expanded with ten ounces of warm boric acid lotion. The bag was expelled at midnight. There was no recurrence of convulsions during the night. On the 3rd, at 9 A.M., a second fit occurred which lasted for 20 minutes; convulsions were general. On this occasion the tongue was bitten. Chloroform was given and a Champétier de Ribes bag was introduced through the cervical canal. The foetal heart was auscultated and distinctly heard after the second convulsion. At 2.15 P.M. the patient was delivered without further assistance of a living female child who weighed 4 pounds (at fortieth week). The temperature was 99.6°, the pulse was 88, and the respirations were 24. On the 4th the patient had passed a good night. There was no recurrence of eclamptic symptoms beyond slight headache. The albumin in the urine had diminished to 0.15 per cent. On the 5th there was a trace only of albumin. There was no headache and the temperature was normal.

Improvement was maintained until Dec. 12th when the patient complained of headache and malaise. The temperature was 102.4°, the pulse was 122, and the respirations were 20. There was a decided increase in the amount of albumin contained in the urine which equalled 0.25 per cent. Involution of the uterus had proceeded perfectly naturally and the lochia had been normal. No explanation was found for the temporary relapse. On the 13th the temperature was again normal and the patient felt much better. On the 16th the urine contained 0.025 per cent. of albumin. On the 25th she left the hospital, the urine still containing a trace of albumin.

It is seldom that such an opportunity of watching the onset of eclampsia occurs as was afforded in this case. An interesting point is the sudden and late appearance of albumin in the urine without any other symptom indicating the onset of eclampsia and the short interval which elapsed between the appearance of albumin and the onset of the first fit (five days). It is further noteworthy that after delivery there were no more eclamptic seizures and that the quantity of albumin in the urine diminished so materially. Unfortunately at the present date the urine is not quite free from albumin; casts, however, are absent.

We are indebted to Sir Dyce Duckworth for permission to publish this case.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A NOTE ON IRIDECTOMY FOR "OCCLUSIO PUPILLÆ SINE SECLUSIONE PUPILLÆ."

BY EDWARD MAGENNIS, M.D. R.U.I.,

LATE ASSISTANT AT THE ROYAL LONDON OPHTHALMIC HOSPITAL.

THIS interesting and rare condition, in which membranes grow across the pupils and cause partial or complete blindness, was brought under my observation some time ago in the case of a man whose vision had become so defective that he had to be led into my study by his brother. I performed an iridectomy on both eyes, with the result that he is now enabled to earn his livelihood and his sight was so improved that three months after the operation he could see sufficiently well to write me a letter.

The history of the case is briefly as follows. The patient was a strong healthy man, aged 44 years, a tailor by trade, with a good family history. His vision was excellent up to about 16 years ago, when he had inflammation of both eyes so bad that he was detained in an eye hospital for some weeks. Since that time he had had several similar attacks. After these attacks he noticed his sight beginning to fail and he said that he occasionally saw "clouds floating in front of both eyes like waves of water." His vision gradually and steadily became worse. On examination I found that the pupillary fields were almost entirely

covered with an exudate, the result of the numerous attacks of iritis, which in time had become converted into thin membranes of connective tissue, and the layers of retinal pigment on the posterior surfaces of the irides had become, here and there, adherent to the capsules of the lenses. The membranes stretching across the pupils were in like manner attached to the lenses. On ophthalmoscopic illumination, through the chinks in the membrane, I found the fundus reflex good in all directions in both eyes; the anterior chambers were but slightly shallowed. I learned from him that during his stay in hospital drops had been put into his eyes, presumably to dilate the pupils and to break the adhesions, but they invariably brought on attacks of inflammation and he suffered great pain. I performed an iridectomy on the right eye. I did it upwards as I dreaded, from the disturbance of severing the adhesions, that a cataract would speedily form. When I caught the iris in the forceps it was so friable from atrophy that it gave way and only by a sort of wriggling, side-to-side movements of the forceps and by the exercise of extreme caution was I enabled to get it out of the wound and to avoid an irido-dialysis. On removing the dressings next day I found the anterior chamber refilled and the eye looking well. Three weeks afterwards I operated in a similar manner on the left eye and the iris here was even more friable than that of the right. On examining the fundi when the eyes were sufficiently well I found extensive choroiditis in both. This I attribute to an extension of the inflammation from the iris to the choroid.

The condition "occlusio pupillæ," or shutting up of the pupil, was here brought about by a fairly well-organised membrane stretching across the pupil, yet the condition "seclusio pupillæ," or shutting off of the pupil, was not perfected, inasmuch as the adhesions round the pupillary margin were not complete but only occurred at particular spots, thus allowing tolerably free communication between the anterior and posterior chambers.

I had some doubts as to the advisability of operating in this case as it was impossible to judge the true condition of the fundi accurately, and seeing the perfect state of organisation of the membranes, I concluded that the pathological adhesions would be very firm and that their breaking up might cause rapid degeneration of the lenses. However, my patient earnestly solicited that something should be done, and believing that an iridectomy, besides the immediate improvement of vision, would have a beneficial effect upon the nutritive condition of the eye, I decided to operate. Here was a married man with a large family dependent upon him and unless something were done his wife, his children, and himself would have become chargeable to the parish. He is now making a respectable livelihood by soliciting orders for clothes; he wears dark-coloured spectacles and is able to read ordinary print.

Dublin.

A CASE OF TOTAL ALOPECIA FOLLOWING THE USE OF CANTHARIDIN.

BY P. FREDERIC BARTON, M.B., B.C. CANTAB.

ON Dec. 23rd, 1904, I was consulted by a young man for a small bald patch on the back of his head of the size of a shilling. At the edge of the patch there were a few short hairs but microscopically no spores could be detected in them. As the macroscopic appearances were rather those of tinea than alopecia areata the patch was painted on the 26th and 30th with liquor vesicatorius. On Jan. 7th the patient complained of a swelling round the patch and by the 14th the scalp and face were enormously swollen and pitted deeply on pressure. He could not see out of his eyes and the swelling extended down the neck to the upper part of the chest. By the 16th there was a slightly raised rash from head to foot and blood was present in the urine. Early in February the hair began to fall out, first on the head, then over the rest of the body, until it was completely lost, including axillary and pubic hair. Shortly afterwards his nails fell off. At the present time (October, 1905) there is no sign of the hair returning but the nails have reappeared. The patient has been in excellent health all the time. Both before and after this particular case the bottle of liquor vesicatorius had been in constant use with perfectly normal results.

I cannot find any record of a similar case after the use of