and all kinds of casts. Œdema of the lungs supervened, and death ensued from heart-failure.

At the post-mortem examination, the body was found thin, but not emaciated. No general dropsy, nor was there any abnormal collection of fluid, either in the thoracic or pericardial cavities. The lungs were not attached to the chest walls, except at the right apex. This apex showed signs of extensive interstitial deposit without pigmentation; it had the appearance of the "white pneumonia" of syphilis. Both lungs were œdematous. Heart was enlarged, and hypertrophy of the left ventricle was evident. There was fatty infiltration of both aortic and mitral orifices. Spleen normal in size and weight. Both kidneys were small and gray, and were examples of the atrophic form of chronic diffuse nephritis. No noticeable change in the thickness of the renal vessels. The liver was enlarged, dark in color, and was streaked by numerous white lines, following the course of the superficial vessels. The dura was thickened, and was adherent to the calvarium. Much serous fluid escaped in removing the skullcap. The pia was also thickened and opaque, the lateral ventricles had been dilated, and the foramen of Monroe was unusually large. The spinal cord gave evidence of commencing locomotor ataxia. All of the arteries examined were either fatty or calcareous.

Here, then, was a case, that, without the subjective history of syphilis, was, I think, a true example of pulmonary syphilis, judging from the combined evidence furnished by the meningitis, pulmonary thickening, vascular changes, and disease of liver and spinal cord; but the disease had not spent its chief weight on the lungs, although they were diseased.

CASE VI. A. N. L., sixty-seven years of age, a laborer, was admitted to the hospital on December 1, 1885. There was no hereditary syphilis or phthisis. When he was twenty years of age, he had rheumatism; and at about the age of fifty had paralysis of the left side, which continued for six years; but from which he entirely recovered, presumably under treatment in Ward's Island Hospital. Now suffers from dropsy of the feet; is constipated; physical examination of lungs and heart negative. Specific gravity of urine 1,020, albumen, pus. Condition continued about as above for about two weeks, when a severe headache set in. A week later it was discovered that he had double pleuritic effusion in the left side; aspiration, and seventeen ounces removed from left side. On the next day thirty-one ounces removed from the right. A few days later paralysis of the right leg occurred. Ten days later there was noted absence of superficial and deep reflexes. About this time he became unmanageable, and had to be removed from the ward. He died in coma, about one month after admission.

At the post-mortem examination the heart was found hypertrophied, weighing eighteen ounces; some fatty infiltration of the aortic and mitral orifices. The apex of the right lung was bound tightly to the chest walls. The upper lobe was the seat of marked interstitial thickening, and the cut surface had a distinctly white color. At the apex there was a small nodule, which was completely encapsulated, and looked like a gummy tumor, as seen elsewhere in the body. The left lung was similarly but less extensively affected, though it contained no nodules. The spleen was enlarged and indurated. The right kidney was more than double its usual size. It represented under the

microscope the kidney in a state of parenchymatous change, with some intertubular thickening; vessels not affected. The left kidney had been almost obliterated by some process, either of a hydronephritic character or suppurative; and in place of it was only a thin layer of renal tissue, embracing a small, saccular dilatation of the ureter, and also a mass of fibrous tissue embedded in fat. Liver was enlarged, cirrhotic, pigmented, and fatty; it showed signs of old perihepatitis, with several small cicatricial depressions; weight was seventy ounces. At one point in the pia mater there was a marked stellate thickening, as if a gumma at that point had been absorbed. The cerebral vessels showed marked atheromatous change.

A CASE OF DOUBLE OPTIC NEURITIS ACCOMPANIED BY CONSIDERABLE AMBLYOPIA: POSSIBLY CAUSED BY ARSENICAL POISONING.¹

BY H. DERBY, M.D.

THE following case, both from the obscurity of its symptoms, its obstinate duration, and its ultimate improvement under peculiar circumstances, has seemed to me one of unusual interest, especially in view of the present legislative investigation, and to merit being reported.

Mr. R., aged twenty-six, a man of regular habits, and, with the exception of a chronic eczema, enjoying good health, was sent me by his physician, Dr. H. H. A. Beach, November 22, 1890. For ten days past he had noticed some obscuration of vision, as well as a slight blur on attempting to read. The eyes were externally normal. The ophthalmometer revealed no corneal astigmatism. Visual fields unimpaired. There was a trifling myopia in each eye, with a vision right of four-tenths, left of eight-tenths. Ophthalmoscopic examination showed nothing unusual except a minute hæmorrhage at the edge of the right optic nerve, slightly encroaching on the disc.

December 2d, vision of the right eye had fallen to one-tenth. A careful ophthalmoscopic examination made after dilating the pupil, showed the hæmorrhage to have disappeared and the fundus to be absolutely normal.

December 18th, there was a still further diminution of vision, it having fallen in the right eye to one-twenty-fifth, in the left to five-tenths. There was on each side slight optic neuritis, the nerves being a very little swollen, but with unobscured outlines; the vessels retaining their normal calibre. Much headache was experienced, the patient was obliged to give up the practice of his profession (the law) and was growing alarmed about his condition. He had observed that he could no longer read his own writing unless he used an extra amount of ink. I now put him on small doses of iodide of potash.

December 26th, vision right one-twentieth, left two-tenths, being a slight improvement in the right eye. On this side the swelling of the nerve was less, and its surface had taken on a decided pallor. The neuritis in the left eye was more marked, the disc being more swollen and its edge less defined.

January 1, 1891, vision had improved slightly, being now in right eye one-tenth, in left a little less than

¹ Read before the Boston Society for Medical Observation, April 6, 1891.

four-tenths. No ophthalmoscopic change. January 12th, there was an improvement of a single tenth in the left eye. The neuritis had abated and each disc had regained a normal appearance. But on the 19th, without visible change, the vision of the left eye had fallen off to three-tenths, that of the right remaining at one-tenth. For ten days past there had been a severe "hammer-like" pain in the head, but it had now disappeared.

January 22d, Dr. C. F. Folsom saw the case in consultation. In addition to what has previously been detailed nothing new was discovered. Dr. Folsom suggested the possible presence of a cerebral tumor, but was rather inclined to the theory of a subacute basal meningitis, unless an examination of the urine, which he suggested, should show the presence of lead or arsenic.

No lead was found, but Dr. Wood reported, January 31st, that the urine contained arsenic, not in large quantity, but in sufficient amount to prove the absorption of the poison from some source.

Mr. R. had moved into his present house in 1884. The library, in which he was in the habit of passing much of his time, had been papered in 1880. It was a room measuring thirteen by twenty-four feet in length and breadth, and nearly eleven feet in height. Around the top ran a paper frieze, thirteen and one-half inches in width. A specimen of this frieze is here presented. Mr. R. sent it to Mr. Durkee for analysis and I quote his report.

"The library paper submitted me to be tested by the usual method of arsenical quantitative analysis was found to contain a considerable amount of this poison. The sample furnished me held eight and forty-four one-hundredths grains of metallic arsenic to a square yard, equal to eleven and one-fourth grains of common arsenic. It is probable that a larger quantity could be obtained from new paper, as a portion of the material with which the surface is covered, becomes detached very easily, and no doubt a portion of the arsenic originally present had become separated, as the roll sent me had been repeatedly opened.

"The paper is thickly coated with a mixture of organic matter, and the arsenical pigment being rough and porous, seems to me peculiarly liable to cause arsenical poisoning by either the mechanical detachment of particles, or the favorable conditions for chemical action which it furnishes when on a wall exposed to heat, light and moisture."

During the present season Mr. R. had not used the library more than usual. The remaining members of the family, two ladies, had passed more time in the room than he and had experienced no ill effects.

The walls were stripped early in February. Steady improvement has since taken place. March 8th, the vision of the right eye was nearly five-tenths and of the left nearly seven-tenths. It is but fair to state that a slight improvement had been noted January 21st, before the removal of the paper. The change for the better has, however, now been continuous for a number of weeks, while the history of the case shows that previous gain had been slight and followed by relapse. The patient is himself conscious of a steady and uninterrupted improvement, both for far and near.

The field of vision has exhibited no scotoma, either for white or colors. This fact leaves the case one of simple optic neuritis, although the very slight palpable

alterations in the optic disc, together with the grave affection of vision, are more common in retro-bulbar neuritis, of which the scotoma is so integral a feature.

This case is principally interesting as regards its causation, and, although brief, seems to me to merit being reported. The usual predisposing factors of optic neuritis are all absent. Symptoms of brain disease fail entirely, syphilis is excluded, albuminuria, diabetes and lead-poisoning are all wanting. None of the writers on this subject allude to arsenical poisoning as a possible cause. It certainly seems that here there is a presumption in its favor.

THE REPORT OF A CASE OF PHLEGMASIA DOLENS.

BY GEORGE E. THOMPSON, M.D.

In the evening of December 1, 1890, I was called to see Mrs. F., thirty years of age, a primipara, who up to the seventh month of her pregnancy, with the exception of slight nausea and vomiting, had not been afflicted by any of the numerous troubles peculiar to that condition. At this time, however, there was quite a gush of blood from the uterus, but by resting quietly in bed, at the end of forty-eight hours the flowing had stopped.

At the eighth month, four days before the date of my first visit, the hæmorrhage returned again, and it had been so profuse during these four days that I found her in a very miserable condition. Her lips were pale; her pulse was 120 and weak; she complained of feeling faint, and was constantly calling for air which must have been partly due to the high temperature of her room, as after opening the windows she became greatly relieved. I will state here that she had been under the care of a midwife, but her husband becoming alarmed at her weakness called me in to take charge of the case. I was unable to make a thorough examination on account of the nervous condition of the woman, but considered that I had to deal with at least a low attachment of the placenta if not with placenta prævia itself. As the patient was having slight labor pains, and the loss of blood did not seem very great then, I tamponed the vagina with absorbent cotton wrung out in 1-1000 corrosive sublimate solution, thinking that the tampons would be sufficient to check the flowing, and at the same time from their irritant action produce stronger uterine contractions; and such was the result. After making her as comfortable as possible I left, telling her husband to call me when the pains became severe, but he, not wishing "to send too soon" as he expressed it, did not notify me until nine o'clock the following morning though her pains had been quite hard nearly the whole night.

Upon my arrival I found that the tampons had been forced out some hours before, that there had been no more hæmorrhage, and as the os was fully dilated, I ruptured the membranes (which were bulging the perineum), and after suffering pain for half an hour longer, she gave birth to a fœtus that had been dead for some time as the skin was macerated off in large patches all over his body.

The breasts easily dried up, and the patient did very well until December 10th (eight days after her delivery), when she began to have considerable pain