

references to it are to record its inutility, such as, "Death was sure to ensue after a longer or shorter course";<sup>a</sup> "but, as is well known in England, these remedies [quinine and iron] were without effect,"<sup>b</sup> &c.

Such is an outline of what may be termed the therapeutic history of the disease during this first period—viz, from the time when Addison first drew attention to its distinctive characters in 1855, to 1877-78, when Drs. Bramwell and Finny first recorded their experience of the use of arsenic in its treatment; and Addison's account of its clinical characters, of the inefficiency of treatment, of its mortality, post-mortem revelations, and pathological mystery, would be as applicable to nearly all the other cases recorded during that interval as it was in Addison's time. With such a record we cannot be surprised that the terms progressive, pernicious, fatal, malignant, lethal, have been applied to it by various authors. (*To be concluded.*)

### ON THE FREQUENT ASSOCIATION OF CHOROIDAL AND MENINGEAL TUBERCLE.

By ANGEL MONEY, M.D.,  
FELLOW OF UNIVERSITY COLLEGE, LONDON.

DURING the past two years I have had the opportunity, as medical registrar to the Hospital for Sick Children, of making a considerable number of post-mortem examinations on cases of tubercular disease. In this place I wish to write chiefly of tubercular meningitis and tubercle of the choroid. After the head had been opened in the customary way the orbital plates were removed and the posterior half of each ocular globe was excised for careful inspection. I have carried out this plan in nearly every autopsy which I have performed during the past two years. I have not once failed to examine the eyes in a case of tubercular disease. These facts are insisted upon, because I wish it to be understood that the results here given have a certain and definite value. The results of careful inspection at the autopsy are as far removed from ophthalmoscopic examination during life as any two kinds of investigation can well be. Another statement I shall make before coming to the facts, and that is that the tubercles of the choroid were invariably seen by someone else in addition to myself; in many instances by Dr. Barlow, in others by one of the physicians to the hospital or by the resident staff. Out of forty-four examinations the meninges were the seat of grey granulations in forty-two; the choroid (one or both) showed tubercles fourteen times (both, six; right, three; left, five); and eleven times the evidences of optic neuritis were undoubted. Twice the choroid was affected with tubercle when the meninges were free; in one of these instances there was a mass of crude tubercle in the cerebellum; in the other, although there were tubercles in the belly and chest, there were none in the head. So that twelve times in forty-two cases of tubercles in the meninges there were tubercles in the choroid—i.e., about 31 per cent.

On post-mortem evidence (naked eye) tubercles in the choroid are of more frequent occurrence in tubercular meningitis than is optic neuritis. A remarkable result. But there are some considerations which tend to tone down this apparent contradiction of clinical experience. A slight degree of neuritis recognisable without difficulty during life may not be perceptible to the naked eye after death (?). During the lives of the children whilst in hospital the neuritis is recorded as having been discovered sixteen out of forty-two times; although examination had been frequent yet no sign of neuritis was detected in eleven cases, and in twelve cases the examination must be said to have been incomplete or insufficient from more causes than one. Amongst these difficulties must be classed that of having to examine children's eyes at all. Every physician knows the trials of such inspections in an ordinary way, but the obstacles are generally more numerous when the child is the subject of brain disease.

With regard to the size of the tubercles, it may be said that they ranged from between that of a pin's point and three millimetres in diameter. In none of the cases, however, was there any difficulty in detecting them immediately

after inspection of the excised portion of the fundus oculi. The average size was about 1 to 1.5 mm. The appearance of a crowd of minute points such as might be termed "tubercular dust" was well marked in one instance and present in more. In regard to numbers where the left choroid was affected, in three cases there were six, in two three, in six one; when the right was involved, in two cases there were four, in two three, in one two, in three one, and once "tubercular dust."

I shall say but few words on the detection of tubercles in the choroid with the ophthalmoscope. I fully and freely confess that my examinations have been remarkably unsuccessful in this direction, but, I will add, not from want of patience or infrequency of examination. One observation of doubtful importance may be referred to. Several of the choroidal tubercles even on inspection after death appeared to be remarkably translucent. On suggesting to Mr. Nettleship that their transparency during life might interfere with their recognition with the ophthalmoscope, this most able observer expressed his opinion that, notwithstanding this physical condition, they ought to be recognised on careful inspection of the fundus oculi.

Langham-place, W.

### NOTES ON A CASE OF SUPERFŒTATION.

By S. A. K. STRAHAN, M.D.,  
ASSISTANT MEDICAL SUPERINTENDENT TO THE COUNTY ASYLUM,  
NORTHAMPTON.

SUPERFŒTATION has long been denied by many practitioners of experience and eminence, and no doubt a great number of the cases put forward as true superfœtation are to be looked upon with suspicion; yet I think there have been numerous authenticated cases where neither the theory of the undeveloped foetus in a twin conception nor that of the separate impregnation of the bilobed uterus accounts for the very strange occurrence. Dr. Bonnar's tables, based on the records of the British Peerage, prove beyond argument that it is quite possible for an ovum to be impregnated in an already gravid uterus. The case which I am about briefly to relate is one which I look upon as an addition to the short list of recorded cases where on miscarriage two foetuses of very different ages have been expelled, and that from a uterus which had been time and again pregnant without once exciting a suspicion of anything abnormal in its formation or functions.

On Aug. 15th, 188—, Mrs. P—, aged thirty-eight years, applied to my friend, Mr. A. Wynter Blyth, for advice. Her story was as follows:—"She had suffered continuously for the past five months from a nasty bloody discharge from the vagina. This flux had lately become more copious and offensive; at the catamenial periods it became very abundant, more than doubling the quantity lost during the intervals. It had not been so plentiful at first, but of late it had increased largely, and become most offensive. She had noticed a slight abdominal enlargement, but owing to the presence of the discharge, she never suspected she was pregnant until a week or ten days before, when 'she felt the child move.' From this time she was certain she was pregnant. During the few (three or four) days previous to her visit she had experienced severe griping, colicky pains in the abdomen, and relief from these pains was the immediate object of her visit." A simple opiate was given, and nothing was heard of the patient until Sept. 20th, when I was sent for. I found her a large, strongly-made woman, looking anæmic and sickly. She then complained of "severe darting pains, which shot into her back and down her thighs." She informed me that she was pregnant, and I made an external examination. Nothing was to be learnt from the mammæ. On palpation of the abdomen, a large tumour, evidently the uterus, was found, rising rather above the level of the umbilicus and lying in the middle line. Auscultation did not reveal any positive signs of a living foetus and no foetal movements could be induced. The discharge was profuse and offensive, so no examination per vaginam was then attempted. Ordered bromide and opium to relieve pain, and to use with a syringe a 1 in 80 lotion of carbolic acid, with a view to rendering the necessary examination more effectual and less disgusting. On the use of the antiseptic wash, the discharge diminished in quantity