

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

cantharidin but doubtless it is due to an idiosyncrasy of the patient. He has been seen by three eminent skin specialists and their prognosis is, on the whole, favourable as the nails have returned and apparently the hair bulbs have not been destroyed. The case, however, appears to be so uncommon that any treatment is of doubtful utility.

Wimbledon, S W.

A CASE OF PERFORATING WOUND OF THE EYEBALL WITH UNUSUAL TERMINATION.

BY JOHN R. FOSTER, M.B., C.M. EDIN., F.R.C.S. EDIN.,
OPHTHALMIC SURGEON TO THE CAMERON AND THE HARTLE-
POOLS HOSPITALS.

IN April, 1904, a youth, aged 18 years, was brought to my consulting room with his right eye bandaged. On examination I found a circular-looking hole about one-eighth of an inch in diameter, directly in the ciliary region and above the horizontal meridian on the nasal side. In the hole clear vitreous was seen, some of which had escaped into the conjunctival sac. The history briefly was that a quarter of an hour previously the patient had been hammering an old dirty piece of brass, a chip of which, in his own words, "had struck the eye and stuck into it." The chip was removed by a fellow workman and the patient was then sent to me.

The treatment consisted merely in gently cleansing the wound and conjunctival sac and inserting a couple of the finest silkworm-gut stitches, after which the eye was kept under atropine with a pad and bandage for six weeks. The irritation was slight and from that time to the present, a period of 18 months, the eye has been normal in vision and in appearance, except for the slight dark mark at the site of the injury.

West Hartlepool.

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.

GOVERNMENT CIVIL HOSPITAL, HONG-KONG.

A CASE OF CHORION EPITHELIOMA.

(Under the care of Mr. J. BELL.)

THE patient was a Russian, aged 36 years, a multipara, who was admitted to hospital on March 1st. She had had a normal labour three months previously at Port Arthur, the child being alive and well. 14 days after the confinement metrorrhagia and fever began and continued up to the time of her admission to the Government Civil Hospital. On examination the uterus was found to be fixed but was not much enlarged. The patient was very cachectic and had lost flesh. A soft mass protruded from the os which was patulous. The growth bled easily and the vagina had to be plugged for some hours after the examination. A piece was removed and examined by Dr. William Hunter, Government bacteriologist, whose report is attached. During the patient's stay in hospital the temperature was of a continued type, ranging between 100° and 102° F. but occasionally rising above this. The bowels were freely opened and the stench around the patient was very offensive. Operation being considered to be out of the question the patient left the hospital a month after and eventually departed for Europe.

Report by Dr. HUNTER.—Microscopically the piece of tissue submitted to me for examination was not unlike placental tissue. It was soft and spongy and full of blood. Histologically the tissue was found to be made up of areas of free hæmorrhage, blood sinuses, and a peculiar parenchyma. No definite stroma was found. The greater portion of the mass was composed of extravasated blood and as a result of this copious masses of blood pigment were found

in certain areas of the tissue, particularly in the areas of free hæmorrhage but also in the parenchyma. The blood sinuses were abundant. They varied in size, possessed delicate endothelial tunics, and were packed full of the formed elements of the blood. The parenchyma possessed a characteristic histogenesis and led me at once to the diagnosis. At first sight certain parts resembled a small round-celled and rapidly growing sarcoma, but this, on more careful examination, proved to be leucocytic accumulations in which were found phagocytes, polyhedral cells, large epithelioid cells, and diffuse plasmodium-like structures. The polyhedral cells arranged themselves into alveoli. The large epithelioid cells—some resembling giant cells—were scattered throughout the parenchyma arranged sometimes singly, sometimes in small groups. They contained nuclei varying in number and endowment with chromatin. The diffuse plasmodial masses were few in number but contained many nuclei. The most typical forms arranged themselves into a network containing the polyhedral cells and leucocytic accumulations already referred to. In certain sections evidence of hyaline metamorphosis was noted. From the histological appearance I am of opinion that the tissue is a rapidly growing chorion epithelioma. The various contained tissue elements, especially the parenchyma, and their arrangement are characteristic. The plasmodial masses are of the type of a well-defined syncytium. These were few in number but this is probably due to the subdivision of the syncytial masses into immense epithelioid cells with large nuclei. Such a metamorphosis is not infrequent in certain forms of chorion epithelioma.

Remarks by Mr. BELL.—The case seems worth recording as this form of malignant disease is not very common and certainly not common immediately following a normal labour. The diagnosis of malignant disease was easy enough for us but it is not easy to say when it became so, as presumably the fever and metrorrhagia were possibly put down to endometritis following the labour, though, on the other hand, the case may have been overlooked owing to the fall of the celebrated fortress and to the incoming medical men having their hands full of war casualties.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Diverticulum of the Bladder.—*Primary Tuberculous Infection of the Thyroid.*—*Necrosis of the Entire Renal Cortex of both Kidneys.*—*Phagocytosis.*

A MEETING of this society was held on Oct. 17th, Dr. P. H. PYE SMITH, the President, being in the chair.

Dr. H. A. LEDIARD showed a Diverticulum of the Bladder of large size associated with enlargement of the prostate from a miner, aged 62 years, who had suffered from slow stream, retention, foul urine, and much pain, and had to use a catheter. The prostate was removed and discovery was made of a diverticulum behind the bladder, measuring four inches and opening into the bladder by an aperture of the size of the forefinger behind the trigone. The vasa deferentia and vesiculæ seminales had become detached and lay upon the cyst. The ureters were unaffected. The bladder wall was thick and its interior was ragged and ulcerated. The cyst had a thin layer of unstriped muscular fibre and much inflamed fibro-fatty tissue; its capacity might be 15 or 16 ounces. The patient died from pre-existing pyelo-nephritis. The prostate, though not large, had evidently blocked the outlet of the bladder and obliged the patient to make extraordinary efforts to empty it.

Dr. LEDIARD also showed a specimen of Primary Tuberculous Infection of the Thyroid from a strong male, aged 21 years. The left lobe of an enlarged thyroid was found to contain an abscess cavity with thick walls of granulation tissue and fibrous and cellular overgrowth of thyroid stroma. No tubercle bacilli were found and no pyogenic organisms, but the histological appearances were typical of tuberculous disease, numerous giant-celled tubercle follicles being found. There was no other disease of any kind discoverable elsewhere and the patient recovered rapidly. Dr. Lediard remarked on the rarity of thyroid tuberculosis, even in generalised disease, and on the still greater rarity of primary tuberculosis of the thyroid.

Dr. W. S. A. GRIFFITH and Dr. W. P. HERRINGHAM described