

element of an eye was a nervous mechanism which served to receive visual sensations for transmission to the brain. Where this mechanism was completely absent the condition might be accurately described as one of anophthalmos, notwithstanding the presence of some of the subsidiary structures developed from mesoblast. As far as Mr. Collins and Mr. Parsons had been able to ascertain, there was no case of congenital absence of the eye in which it had been satisfactorily shown by microscopical examination that the mesoblastic structures were entirely absent. On the left side the chick had a microphthalmic eye in which the lens had failed to become separated from the cornea. The capsule of the lens was adherent to the substantia propria of the cornea, Descemet's membrane having failed to develop. The adhesion had obstructed the growth of the iris forwards; above it had turned back and crept round the posterior surface of the lens; below its growth had become arrested.

Mr. M. S. MAYOU (Cricklade) read a paper on the Treatment of Trachoma by the X Rays. The idea first occurred to him when treating rodent ulcer and lupus of the eyelid, on finding that no serious damage was done to the globe. The first case cured in this way was shown by him last June; since then several others had been successfully treated. The histological changes in living tissues exposed to the action of the x rays were then described, the most important change being a superficial irritation capable of being increased and accelerated by the simultaneous application of other irritants, such as copper sulphate. Most of the resulting leucocytosis was found around the trachoma nodules and the cells of rodent ulcer after x-ray treatment of these diseases, the reason for this being that they similarly acted as irritants. It was next pointed out that with care the amount of reaction produced could be regulated and that the varying degrees of reaction might be compared with the first three degrees of burns described by Dupuytren. Cases of prolonged exposure of the globe to the x rays were then instanced where the only bad effects produced, and those only temporarily, were falling out of the eyelashes and conjunctivitis; this latter trouble was also found amongst workers in the x rays, and in them it could be prevented by the use of lead glass spectacles. Mr. Mayou found, with Fuchs and Kreidl (1896), that there was no bleaching of the visual purple by the x rays; his experiments were carried out on rabbits and frogs. The results of treatment by the x rays were then compared with those produced by copper sulphate, jequirity, and other irritants and it was pointed out that there were less destruction of tissue and subsequent cicatrisation, as well as less pain, with the former method. The technique of the treatment was then described. The eyelids were everted (the operator's hands being protected by bismuth ointment and cotton gloves); the cornea was only exposed in severe cases where pannus was present. Owing to the infiltration set up difficulty was found in deciding when treatment should cease. Out of nine cases five remained well, one cleared up but recurred two months later, two others improved and were still under treatment, and in one case of corneal opacities following trachoma the vision had improved from perception of light to counting fingers at three feet. The advantages of this treatment were: (1) there was less resultant deformity of the lid; (2) it was painless; and (3) pannus cleared more thoroughly. The disadvantages were: (1) all patients did not react well to the x rays; and (2) it was sometimes difficult to tell when treatment should cease. Lantern slides of the histological changes produced by the x rays were shown and also two patients who had been cured by this treatment.—Remarks were made by the PRESIDENT, Mr. L. V. CARGILL, and Mr. S. STEPHENSON, the latter having seen the best results from the use of high-frequency currents which he had used somewhat extensively.

Dr. W. ERNEST THOMSON and Dr. LESLIE BUCHANAN (Glasgow) communicated some of the clinical and pathological observations which they had made upon Injuries to the Eye of the Child during Labour. After indicating the scope of the work done in this connexion Dr. Thomson gave a summary of the lesions in the 12 cases observed. These comprised expulsion of the eyeball, proptosis, injuries to the cornea, hæmorrhages into various parts of the eye, and retroversion of the lens and vitreous body without rupture of the globe. Dr. Buchanan described in detail three cases of lesion of the cornea—namely (1) rupture of the posterior elastic lamina with involvement of corneal tissue (healing); (2) rupture of the posterior elastic lamina and corneal tissue (unhealed); and (3) rupture of the posterior elastic

lamina with abrasion. The points of similarity and difference were briefly explained. The identity of those cases of rupture of the posterior elastic lamina and corneal tissue with the cases already described as traumatic keratitis with linear opacity¹ from a clinical standpoint was pointed out and the etiology of other corneal opacities seen at birth was discussed. Remark was made upon the very unusual injury, retroversion of the lens and vitreous body, and the nature and origin of the case were somewhat fully explained. In conclusion, the subject of traumatic exophthalmos was dealt with and allusion was made to the connexion between it and the localised indentation of the cranial bones due to pressure against the sacral promontory. The subject was illustrated by macroscopic and microscopic specimens and diagrams.

Mr. J. B. LAWFORD read notes of a case of Complete Dislocation of the Eyeball forwards, occurring in a child, aged seven years, as the result of a fall against an iron fender. Reduction was easily effected under chloroform and recovery ensued with no defect of sight and no limitation of movements of the eyeball. Slight proptosis was noticeable for one month after the accident but no restriction of ocular movements could be detected even three days after the reduction of the dislocation.

The following card specimens were shown:—

Dr. BUCHANAN: (1) Separation of the Ciliary Body; and (2) Congenital Mal-development of the Cornea and Sclerotic.

Mr. MAYOU: Two drawings of the Normal Fundi, illuminated by the mercury vapour lamp.

Mr. ARNOLD LAWSON: (1) A case of Paralysis of the Ocular Fibres of the Cervical Sympathetic with Aortic Disease; and (2) a case of Chronic Irido-cyclitis (probably Sympathetic) following a Rupture of the Globe 21 years previously.

Dr. THOMSON and Dr. BUCHANAN: Preparations illustrating the Effects of Injuries to the Eye of the Child during Labour.

Mr. W. H. JESSOP: Tumour in the Macular Region.

Mr. W. W. SINCLAIR and Mr. J. H. PARSONS: Endothelioma of the Cornea.

Mr. R. W. DOYNE: (1) Melanotic Carcinoma of the Upper Lid with Pigmentation in the Lower Lid; and (2) Intra-ocular Hæmorrhage in a young man.

Mr. G. H. GOLDSMITH (Bedford): Hole in the Macula.

Mr. N. BISHOP HARMAN: Connective Tissue veiling the Optic Disc.

HUNTERIAN SOCIETY.

Exhibition of Cases.

A MEETING of this society was held on March 18th, Dr. STEPHEN H. APPLEFORD, the President, being in the chair.

Dr. F. J. SMITH showed a case of Multiple Lipomata. The patient was a man, aged 60 years, who first came under notice in September, 1901, for pain in the region of the heart which had been present on and off for a year. He had lost two stones in weight and complained that solid food produced great pain. The abdomen was rigid and the liver was slightly enlarged and tender. The case was diagnosed as one of probable malignant disease of the stomach, but the patient improved very rapidly under treatment by bismuth and opium. He was again seen in February, 1902, still complaining of some pain in the lower chest on the left side and there was then found to exist an obscure nodular swelling just below the ribs. Diagnosis was still obscure and the case was still watched with some interest. By May extensive subcutaneous growths had appeared above the clavicles and on the ribs and arms with signs of obstruction of the deep veins—enlargement of the subcutaneous veins of the chest—but he again improved very much under bismuth and opium and the arms diminished in circumference by four inches. About the same time he had an attack of profuse melæna, after which he was much better, and in July nothing was to be felt in the abdomen. He was not seen again till January or February, 1903. For the above notes on his history Dr. Smith was indebted to the kindness of his colleague, Dr. R. Hutchison. On the patient's admission to hospital the only other point of interest ascertained was that he suffered from free epistaxis in association with the strain of vomiting. On admission to hospital in March, 1903, his state was

¹ Transactions of the Ophthalmological Society, vol. xxii.

as follows. He was apparently a fairly well-nourished man; superficial examination showed that above the clavicles and on both upper arms there was a diffuse and profuse growth of what felt like subcutaneous fat; on both fore-arms there were lumps varying in size from that of a walnut to that of a golf ball, with an elastic semi-fluctuating feel, freely moveable on the muscles but incorporated with the corium; in fact, with all the physical signs usually associated with multiple and diffuse lipomata. The thighs presented a similar but much less marked condition than the upper arms. On the tendons of the wrist and on the tendon of the rectus femoris on each side there were one or two small lumps more firmly adherent to the tendon sheaths. On the left first rib at its junction with the sternum and over the right pectoralis major were one or two lumps of a much firmer consistency, feeling very suspiciously like glands infiltrated with some form of growth. The veins on the left side of the chest in front were rather more prominent than was usually the case though not sufficiently so to suggest serious blockage of large deep veins. Examination of organs gave no indications of disease, the air entered both lungs freely to the base without adventitious sounds or alteration of the natural ones; the heart beat was regular in rhythm and the sounds were satisfactory; and in the abdomen there was nothing to be felt that could be called abnormal unless it was a little tenderness to palpation in the upper abdomen generally. Dr. Smith gave the above details, or rather called the attention of the Fellows to the above points, and then considered the diagnosis. He stated that in his opinion there could be no doubt that the majority of the lumps were lipomata, but he was in doubt whether there were not also some glandular involvements; he hoped to be able to persuade the patient to allow one of the quasi-glandular lumps to be removed for microscopic examination. His suspicions were especially aroused by the history of gastric trouble, though he thought this might perhaps depend upon a chronic ulcer. He drew attention to the absence of any history of previous stoutness of the patient, a history which was commonly present in cases of multiple lipomata. He promised a further communication on any new facts in the case.

Dr. SMITH also showed a case of Leucocythæmia. The patient was a man, aged 32 years. His illness began in 1901 with a continued drowsy and sleepy feeling; he then noticed that his abdomen was swelling and that he got short of breath. He was then told that his spleen was enlarged. He was admitted to hospital under the care of Dr. Smith in July, 1902, was treated with arsenic, and was discharged improved in September with a blood count showing—white corpuscles 171,600, red corpuscles 2,000,000, and hæmoglobin 45 per cent. He was readmitted to hospital on Feb. 21st, 1903, with loss of energy, shortness of breath, and swelling of the eyelids and ankles. He gave a history of hæmorrhage from the gums with attacks of faintness and giddiness; he had also cramps in the muscles. A blood count showed—white corpuscles 320,000 and hæmoglobin 50 per cent.; a stained film showed some poikilocytosis of the red cells and a few nucleated ones with every described variety of white cell with a preponderance of transitional forms; many blood platelets, in clumps and singly, were also present. The fundi oculorum showed no pathological changes of any kind. The spleen reached from the diaphragm to the pelvis. Dr. Smith remarked that the case showed no especial features of its own, but he had brought it as an example of a somewhat uncommon disease. He was having a research carried out upon the uric acid in the urine by Dr. MacLeod in the Pathological Institute of the London Hospital.

Dr. W. H. KELSON showed a man suffering from Ulceration of the Epiglottis, Inter-arytænoid Fold, and both Vocal Cords. Tubercle bacilli were present in the sputa. There were evidences of slight changes in the lungs. The patient complained chiefly of pain on swallowing, which had been markedly relieved by orthoform insufflations. He had also been getting hoarse for about a month. Dr. Kelson, in replying to questions, said that orthoform powder had proved of great value in the relief of pain attending tuberculous ulceration.

Dr. T. GLOVER LYON showed a case of "Cured Phthisis." The patient was a girl, aged 11 years. She was said to have had a cough with slight expectoration for two months, occasional slight spitting of blood, and had "wasted shocking." On admission to Victoria Park Hospital she

was very thin, with shiny skin and pasty complexion, looking very ill. The physical signs were much the same as described later except that the heart's apex beat was normal in position. The patient rapidly improved in general condition and in eight weeks her weight increased from 4 stones 4 pounds to 5 stones 1 pound, an increase of 16 per cent. After two months in hospital the physical signs were as follows: the chest was well formed, moving slightly less on the left than on the right side; in front there was dulness and much increased resistance over the lung area above the heart, the apex beat of which was in the fourth interspace. There was tubular breathing with metallic (dry) crepitations. There were increased vocal resonance and decreased vocal fremitus. Behind there were slight dulness, metallic crepitations, and increased vocal resonance and vocal fremitus over the upper half. Cough and expectoration had entirely ceased and the child looked happy and well. The expectoration had ceased soon after admission and no examination of it had been made, but there was no doubt about the tuberculous nature of the disease. The temperature had shown a tendency to rise from time to time up to 101° F., but the child had been allowed to get up without apparently any effect upon these rises of temperature.—Dr. SMITH, Mr. W. HARRIS BEST, Dr. W. H. KELSON, Mr. A. W. GALLOWAY, Dr. W. RAWES, and Mr. JOHN ADAMS discussed the cases.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases and Specimens.

A CLINICAL meeting of this society was held on March 20th, Mr. JOHN IRVING, the President, being in the chair.

Mr. J. G. E. COLBY showed a lad with Transposed Viscera.

Dr. E. WARD exhibited two cases of (?) Molluscum Fibrosum.

Dr. T. CHURTON showed: 1. A woman, aged 39 years, who had been under Anti-syphilitic treatment since December, 1901. At first the subclavian arteries, especially the left, were thickened and greatly dilated, the pulsation being visible above the inner and below the outer part of the clavicle. The carotids were similarly but less affected and pulsation was felt behind the manubrium. All these arteries now appeared to be perfectly normal. The other signs of syphilis had disappeared. Diffuse arteritis in an early stage was apparently as curable as diffuse syphilitic hepatitis in an early stage. 2. A woman, aged 49 years, with Aortic Aneurysm pulsating in the second left intercostal space. A systolic bruit was audible at the margin of the sternum, in the second interspace, and also over the trachea. 3. A case of Glycosuria of uncertain origin in a man, aged 56 years, in which "renal diabetes" had been excluded by finding an excess of sugar in the blood by Williamson's test.

Mr. W. H. BROWN showed some Results of Plastic Surgery.

Dr. J. GORDON SHARP showed: 1. A man, aged 40 years, exhibiting Infiltration of the Soft and Hard Palate, Epiglottis, Inter-arytænoid Region, and Ventricular Bands, probably tuberculous in nature, although no bacilli were found in the sputum. The condition had greatly improved under the local application of 75 per cent. lactic acid. The same patient also showed great hypertrophy of the lingual tonsil causing no inconvenience and untreated. Six months previously he had pleurisy. 2. Three cases of Vaso-motor and Trophic Disease treated for some weeks with dried adrenal gland and cod-liver oil. During the past month five grains had been given twice a day. Case 1 (that of a girl, aged 13 years) was one of true Raynaud's disease, showing remnants of necrosis of the soft parts of the fingers and toes. Last winter the girl had to be confined to bed on account of the sores. Under the present treatment she had this winter been able to move about and to do household work; all saving one sore on the toe had healed. Case 2 (that of a girl, aged 11 years) was considered to be one of severe "broken" chilblain with large areas showing local asphyxia. The sores had nearly all healed and the nutrition of the skin and parts in general had improved. Case 3 (that of a girl, aged nine years) was one of doubtful Raynaud's disease showing the results of malnutrition of the nails of the