conjunctival tissue along the upper edge of the cornea. There was no appreciable improvement of vision after the operation, nor did I expect it.

SOME INTERESTING EYE CASES.

By B. K. NARAYAN RAO, M.B., M.R.C.S. (Eng.), D.O. (Oxon.),
Superintendent, Minto Ophthalmic Hospital, Bangalore.

I. Transient Exophthalmos during Operation for Cataract.

NARAYANAMMA, a Hindu female, aged 45 years, mother of three children, was admitted to hospital on 23rd September, 1923, for blindness of the left eye caused by a mature cataract of about one year's duration. No history of any definite previous illness except, she says, that her health had much deteriorated after the death of a son a few years ago.

Examination.—Right eye normal. Left eye healthy except for a mature cataract; pupil active, tension normal; perception of light and projection good. Patient had an enlarged thyroid gland which felt cystic and was about the size of an orange and freely movable. The lateral lobes were particularly large and there was no pulsation over the tumour; it had existed from her 10th year—only growing gradually to its present size. There were no other signs of exophthalmic goitre though the pulse rate was higher than normal, being about 100 to 120 per minute; the blood pressure was 150 mm. The patient had marked pyorrhœa alveolaris and impaired digestion, the bowels were regular and menstruation normal. Nervous and other systems normal, urine healthy.

On 24th September, 1923, she was operated on for the cataract. Before being put on the table, she had two instillations of a 2 per cent. cocaine solution at an interval of 10 minutes. On the table it was noticed that the eyeball had become so unduly prominent that it was inconvenient and unsafe to use the ordinary speculum, and the operation was performed by holding the lids apart by fingers. While bandaging, it was noticed that the eyeball could scarcely be covered completely by the lids. As the patient was in a very excited condition, shivering all over the body, she was not allowed to walk to her bed as is usual in this hospital, but was carried on a stretcher.

The patient was very nervous throughout the day and had to be given sedatives. On the third day the bandage was opened and it was found that both eyeballs were equal in size and there was no proptosis whatever in the operated eye; on the fourth day she had slight hæmorrhage into the anterior chamber which disappeared under treatment. She was discharged cured on the 10th day after operation.

Exophthalmos is generally consisdered to be due to irritation of the sympathetic nerves which supply Muller's orbital muscle, covering the infra-orbital fissure and sending fibres to the eyeball. This muscle is well developed in some of the lower animals while only traces of it are described in the human orbit. Drugs like cocaine have a stimulating effect on the sympathetic as also have emotions such as anxiety, fear, etc. In this instance it is doubtful whether the exophthalmos was due to the existence in unusual numbers, of bundles of Muller's muscle, or whether due to the effect of cocaine or to emotion. The other eye, which had no cocaine instilled into it, showed no such abnormality. A further point of interest is that this occurred in a woman who has a cystic goitre without showing most of the common symptoms of exophthalmic goitre.

II. Hemianæsthesia of the Face with Ulcer of the Cornea.

Channa Chetty, Hindu male, aged 35 years, was admitted on 17th November, 1923, for inflammation of the right eye and numbness of the face.

History.—Seven years ago the patient had suffered from syphilis and gonorrhœa; subsequently he had joint pains. Six months ago he had severe headaches, worse at night. This lasted for about four months. The headaches gradually subsided, but the right half of his face was getting numb. The right eye became red, later painful, with lacrymation, photophobia and blurred vision. For the last month he had been losing sensation on one side of tongue and nose.

Examination.—Left eye normal. Right eye: conjunctiva slightly congested, cornea ulcerated at its centre. The ulcer occupies about 1|3rd of the whole area of the cornea and is uniformly shallow all over as if the superficial layers had been denuded. The edges of the ulcer are slightly overhanging. At about 11 o'clock position, there is slight irregularity due to heaped up epithelium. In the base of the ulcer there are two areas which have a greyish infiltration. The whole ulcer looks only slightly less shining than normal. The whole cornea is anæsthetic. There is lessening of lacrymal secretion. Vision blurred.

There is anæsthesia of the right side of the face up to the middle line, including the nose and lips. The mucous membrane of one-half of the mouth, half the tongue and palate, have all lost sensation of all kinds. There is only a small patch of skin about an inch in diameter below the right corner of the mouth where there is some sensation. The sensation of taste has also been lost in the right half of the tongue. Nervous system otherwise normal. Reflexes normal. Posterior cervical and epitrochlear glands are enlarged.

The blood examination showed a positive Wassermann reaction.

Treatment.—The patient was put on to mercurials and iodides and intravenous salvarsan. Locally, atropine, dionine and collargol were employed. After a stay of three weeks, the patient improved considerably, the anæsthesia became less and the ulcer healed leaving a delicate nebula. Vision was slightly defective when he was discharged.

III. Two Cases of Synchysis Scintillans.

Case 1.—Adam Ghani, Muhammadan male, aged 28 years, single, came to the out-patient department for difficulty in reading and writing at night. Duration of complaint 2 years. No history of any previous illness except that he had an attack of bubonic plague when 6 years old. Had sore eyes 6 years ago, recovered completely.

External Examination.—Both eyes normal. Atropine was instilled and retinoscopy done. The right eye had 6 degrees of hypermetropia, left eye 5 degrees of hypermetropia with 2 degrees of astigmatism in an oblique meridan.

Ophthalmoscopic examination showed in the right eye numerous fine flake-like reddish yellow shining particles which had a limited movement. There were no vitreous opacities. The left eye was quite normal. The patient was corrected for his refractive error.

Case 2.—Andalamma, Hindu female, 40 years, married, mother of two children, was admitted as an out-patient with complaints that there was occasional burning of both eyes and difficulty in reading at night. Previous history, nothing noteworthy. Patient says that she had sore eyes after child-birth about 10 years ago. General health good.

Ophthalmoscopic examination under homatropine. She had brilliant yellowish white flake-like particles of varying size all through the vitreous of the right eye. They had a slight range of movement with the movements of the eyeball, The left eye showed no such abnormality.

Both eyes showed a slight amount of manifest hypermetropia, and the usual amount of presbyopia, which were corrected by proper glasses.

Synchysis scintillans is due to crystals, usually of cholesterin, floating about in the vitreous. It is said that these crystals are liquid in consistency and that this condition occurs generally as a senile phenomenon.

In these two cases the condition had occurred at comparatively early ages and it was unilateral, without any evident cause, one eye alone being affected. Further, occurrence of this condition did not apparently affect vision in any way, and thirdly, in the first case the abnormality occurred in the eye which had the lesser refractive error.

A CASE OF MISSED LABOUR.

By PANDIT SHAMBHU NATH MISRA,
Civil Surgeon, Sultanpur (Oudh).

This is the first case of its kind within my 25 years' experience of hospital practice. A multipara with six previous normal confinements, aged about 30, was admitted to the hospital on the 24th March, 1924, with a history of pregnancy *dating from the 1st January*, 1923. She had her last regular menses in the month of December 1922. She noticed and felt all the usual signs and symptoms of a normal pregnancy in the usual course of events. In the month of September, 1923, one day the usual labour pains began but in a very mild form and remained so for a day and a half, followed by a copious discharge of blood and water afterwards; no fœtus was delivered. The pains subsided and the size of the abdominal tumour was also reduced. She was not attended by any *dai;* only the women of her family attended her. It is quite possible that they may have handled the parts with their usually dirty hands and fingers and appliances, although she denies this.

A week or so afterwards she began to get fever and a free discharge of foul pus from the vagina. She remained in this condition in her village for about six months. When she felt very much broken down in health on account of the continued fever and foul discharge from the genitalia, with no delivery of the fœtus, she applied to hospital for treatment on the 24th March, 1924.

On examination.—Foul pus was coming out of the vagina; a hard fixed tumour equal to the size of an ordinary melon occupied the hypogastric region, temperature 101°F. Pulse regular and weak, 90 per minute; thoracic organs normal, except for slight hypostatic congestion in the lungs. The tongue was coated and furred; the bowels constipated; and the digestion disturbed. General health bad.

She was put on a milk diet with ordinary diaphoretic and stimulant mixtures, with salts three times a day and douching with Condy's fluid morning and evening. On the third day after admission, when the quantity and quality of the vaginal discharge changed, I examined her and found the cervix hard and sloughing, the os very slightly dilated and a hard mass palpable, with no pulsation in the fornices. The patient's general health improved, the discharge becoming less and getting thin. On the 31st, I was surprised to find a rib in the discharge. After douching the parts thoroughly I found the os dilated and the bones of the head of a fœtus palpable. The patient was given an enema and the parts were well douched and next morning she was put under chloroform and the fœtus extracted with the help of forceps.

The whole thing came out in a disorganised state. The hand was put in and the interior of the uterus thoroughly explored. The cord and the placenta were absent *in toto.* The interior of the uterus was thoroughly flushed with antiseptic lotion and ergot given and the patient put to bed. The douching morning and evening was continued, with iron and strychnia stimulant mixture and milk diet. The patient made an uneventful recovery and was discharged cured on the tenth day.