remarkable. His general condition and anaemia improved within a few days. His tongue became clear; there were no fresh haemorrhages, and in ten or fourteen days the effused blood was absorbed. The induration of fascia in the ham was absorbed more slowly, and the tenderness and oedema over the tibia was the last to vanish.

The character of the lesions, the history and rapid recovery on an antiscorbutic diet alone point conclusively to the disease being scurvy, and not purpura, a primary anaemia, or beri-beri. Diabetes does not appear to produce similar symptoms, and the addition of fresh vegetables alone would hardly produce such a rapid improvement. He is now in good health, has put on flesh, is taking an ordinary diabetic diet, and is passing no sugar; he is only able to take a very small quantity of ordinary bread without excreting sugar.

The case upholds the generally-accepted theory that absence of fresh vegetables alone is sufficient to produce scurvy, and that fresh-cooked meat alone has no antiscorbutic properties. No preserved or salted meat was used, all the beef was English and fresh, so that the theory of scurvy being produced by the presence of a toxic material formed by putrefaction, or due to slow ptomaine poisoning alone, finds no support from this case. The long time required to produce a definite scorbutic symptom (twenty-one months) is also worthy of note.

VACCINATION OF THE CORNEA.

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ACCIDENTAL inoculation of some part of the conjunctiva with vaccine is occasionally reported, but we have been unable, in the literature at our command, to find a definite description of such an accident affecting the cornea. There is a short report in the *Lancet* (1906, i, p. 999) of a case of accidental vaccination of "the eye," in which it is stated that the resulting impairment of vision would have been worse but for the fact that the patient had been vaccinated two years before. Aron¹ has reported a case in which the cornea was so seriously affected that permanent opacity could not be avoided. In both of these cases the cornea may have been the site of inoculation, but whether that be so or not, the condition is so rare that it seems desirable to record the following case.

On February 27th, 1906, one of us (W. E. J.) was breaking a tube of Chaumier's lymph, when a fragment of the tube flew into his right eye. The eye was promptly washed out, and there was no further discomfort till March 4th, when there was some indistinctness of vision due to monocular diplopia. Vision, nevertheless, was $\frac{6}{6}$, and nothing abnormal appeared on examination. On the following day there was a small, circular area, the size of an ordinary pin-head, bare of epithelium in the lower outer quadrant of the cornea. For three days this area gradually increased in extent, till it occupied one-fourth of the total area of the cornea. There was no infiltration of the corneal substance, but considerable conjunctival injection. On March 9th chemosis and oedema of the lids became marked, and about this time and for several days the preauricular gland was enlarged and tender. The chemosis and oedema remained at their maximum till March 15th, and then during the following ten days slowly diminished, but during all this time the denuded area of the cornea remained bare of epithelium. Finally, on March 25th, the epithelium began to spread over the exposed corneal surface. Growth took place chiefly from above and below, very slightly from the sides of the patch. As compared with regeneration after injury, the rate of progress was slow, and it was March 30th ere the process was complete. Although no infiltration or loss of the corneal substance had been observed, the regenerated epithelium had a "matt" surface. Unfortunately, recovery was retarded by the occurrence of a secondary ulceration of the affected area. On April 20th, the spot became infiltrated, and an ulcer developed which showed no definite sign of healing for about three weeks, and is largely responsible for the impairment of vision. By May 10th, however, the ulcer was healing satisfactorily, and the patient was ultimately able to

resume work on June 13th, although the eye continued weak, and dark glasses had still to be worn for a time. During the acute stage the pupil never dilated fully with atropine, and there was a considerable amount of iritic pain, but there was no exudation or synechia. On June 29th vision was J. 14 (letters), on September 7th it had improved to $\frac{5}{6}$, on September 25th $\frac{5}{4}$ (one letter), and now (December 13th) it is $\frac{1}{8}$.

The accompanying symptoms were chiefly photophobia, epiphora, and pain. The epiphora was one of the earliest symptoms, and persisted to the end. It was continuous and very troublesome. The pain was twofold: (1) a superficial burning and smarting, which often kept the patient awake at night, even after healing had taken place; and (2) iritic pain, which had to be controlled by very free use of atropine.

As regards treatment there is not much to be said. The eye was kept clean throughout by means of frequent ablutions with warm boric lotion. Atropine was essential to control the iritic pain. At one time it produced a considerable rash, and duboisin was substituted, but proved ineffectual. On Dr. Glascott's suggestion the atropine was resumed in the form of ointment, and this proved less irritating. At an early stage argyrol was used as a possible means of destroying the vaccinal poison, and it was continued throughout the acute stage, but for no better reason than that when it was discontinued progress did not seem to be so favourable. The ulceration took place while the patient was at Colwyn Bay, and we wish to express our thanks to Dr. Nuttall for taking charge of the case during this period. Dr. Nuttall prescribed drops of atropine and quinine, which seemed to expedite healing. We are also indebted to Dr. C. E. Glascott, who kindly saw the patient several times.

REFERENCE.

¹ Abstract in *Ophthalmoscope*, 1904, p. 277.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

NEGLECTED CONSTIPATION AND PERICOLIC INFLAMMATION.

THE complaint of the patient in the following case, a woman, aged 55, was one of lassitude and constipation. Such constipation, ascribed by her to a change of climate, was in her case very unusual. As a rule, her bowels were very regular, but for some six weeks they had been opened only at intervals of three or four days, and this with difficulty and by the aid of purgatives and enemata.

Beyond this constipation and the lassitude nothing particular was noticed by her until the end of six weeks. Then she had pain in the left groin, extending from the anterior superior spine of the ilium downwards and inwards. Associated with it was a brawny, indurated swelling, with indefinite edges, in the left iliac region. Anteriorly this was apparently quite superficial, but posteriorly its limits and exact situation could not be determined. Superiorly it extended 2 or 3 in. above the superior spine.

Her temperature was raised to 103°, and her pulse to 120, and the tongue furred. She did not feel ill, and expressed surprise that so large a swelling should suddenly be noticed by her without more acute and premonitory symptoms. The inflammatory nature of the swelling was obvious, but the cause was somewhat indefinite, and the extent, course, and prognosis uncertain. Vaginal and rectal examination revealed nothing abnormal, nor could any disease of bone or neighbouring structure be discovered.

I treated the constipation vigorously, keeping her on a low diet, and applying fomentations locally.

For some days there was a particularly tender area in the centre of the swelling, but palpable suppuration did not occur, and in the course of a week her temperature began to drop, and she experienced considerable relief. Two or three weeks later the swelling subsided, but four or five passed before temperature and pulse became normal and the tongue clear. On more than one occasion she passed mucus but never blood; her health is now quite satisfactory.

REMARKS.—I think there is very little doubt that the whole of her trouble was caused by obstinate and prolonged constipation, which produced colitis, and inflammation of the surrounding areolar tissue. The case seems to me interesting as an apparent example of the condition described by Mr. D'Arcy Power of one of the sequelae of neglected constipation, its prolonged and