family of nine; four of these are alive. His family history on both sides is exceptionally good. R. S. was born on March 13th, 1858. He was a strong healthy child; he began to attend school at the age of 7, and continued until he was 11. At that age he started work in a coal mine, and continued steadily at work until the age of 20. He was employed as a "putter," and later as a "hewer." For the next seven years he frequently complained of pains of a rheumatic character in his legs and arms, but these did not hinder him from working. When he was 27 years of age he met with an accident. He had a severe wrench of his right shoulder, necessitating his stopping work for nineteen weeks. After that time he returned to work, but complained of gradually increasing weakness in the shoulder. Five weeks after re-starting he received a second injury. He fell and dislocated the left hip-joint, which was reduced by a qualified practitioner. Owing to this accident he was confined to bed for eight weeks, subsequently being able to get about with crutches, and later with the aid of a stick. While in this condition he slipped and fell downstairs, fracturing his right humerus. This occurred in November, 1886.

From this time he has never been able to get about. He has been confined to bed, being occasionally lifted into an invalid chair, on one of which occasions the accompanying photographs were taken. During that time there has been a gradual increase of his symptoms. The right humerus increased in circumference to $14\frac{1}{2}$ inches, growths appearing on the lower thirds of the right radius and ulna, which measure $7\frac{1}{2}$ inches in circumference. The digits of the right hand are deformed. There is a growth the size of a lemon on the left clavicle at its sternal end. The left humerus, radius, and ulna are normal. The left hand is deformed, there being also a large growth on the thumb. The trunk is well nourished and normal in size. There are no changes in the spine or in the pelvic bones. The condyles of the right femur are greatly enlarged but the bone is normal in its length. The right tibia is enlarged: the measurement round the calf is 13 inches. The left femur is enlarged throughout, measuring $17\frac{1}{2}$ inches in circumference. The left tibia and fibula show irregular thickenings throughout their entire length. The

circumference below the knee is 16 inches; both feet are deformed. The muscles of the extremities are everywhere atrophied, particularly in the right arm. There have been spontaneous fractures of the right tibia below the knee, and of the left tibia and fibula in their middle thirds. The bones of the head are uniformly enlarged, the occipito frontal measurement being $24\frac{1}{2}$ inches, the occipito-mental 28 inches.

During his illness he has passed large quantities of phosphates in his urine. He suffers occasionally great pain from the passage of phosphatic calculi, one, the size of a bean, being extracted by instrumental aid. He has contracted stricture from laceration of the urethra during the passage of the calculi. His other systems are normal. During this year his condition has somewhat improved, and from being totally incapacitated from all exertion he is now able to busy himself in light fancy work, for which he has shown great aptitude.

CASE OF DIPHTHERIAL CONJUNCTIVITIS IMPLICATING BOTH CORNEÆ TREATED BY ANTITOXIN.

BY

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On February 28th I found M. M., aged 1 year, suffering from a mild attack of scarlatina, with temperature 103° , rash well marked, and no throat symptoms. The rash disappeared, temperature fell, and desquamation began on March 4th. On March 16th the upper lid of the right eye became swollen, the skin smooth and shining. The margins of the eyelids were red, and there was photophobia. Next day the conjunctiva was very vascular and dotted with red spots. The left eye similarly affected. Ordered a sedative astringent lotion. Next day the lids could be everted only with the greatest difficulty; the conjunctiva was yellow, smooth, and infiltrated with a thick fibrinous exudation. I ordered lotio hydrargyri perchloridi 1 in 5,000 every hour. Next day the corneæ manifested an exudative opacity, and a marginal ulcer appeared on the right cornea, extending to one-sixth of its circumference. The bottom of this ulcer was covered with a yellow opacity. Dr. A. Emrys-Jones now saw the case with me. He diagnosed diphtherial conjunctivitis. He advised the application of nitrate of silver, gr. xx-3j every three hours, and that the eyes should be syringed with solution of boroglyceride. On March 21st there was evidence of the throat being affected, a large diphtheritic patch appearing on the tonsil. That evening, by the advice of Dr. Emrys-Jones, I injected 10 c.cm. diphtheria antitoxin. By next morning the temperature had fallen from 102° to 99.2° , the swelling of the lids was less and a piece of membrane was detached from the lids. I again injected the antitoxin, and again with marked improvement. The membrane disappeared from the throat and from the lids. We still continued the application of nitrate of silver and boroglyceride. On March 26th, as

there was a recurrence of the membrane in the throat, I again injected the antitoxin. From this time there was no relapse, and the cornea began to clear. The condition of both eyes at this time was inability to open the lids, great vascularity and redness of the conjunctiva, purulent discharge, and complete opacity of the cornea. We continued the nitrate and boroglyceride, and instilled atropine every two hours, substituting eserine at night and in the morning. The layers of the cornea separated and came away in the syringing. Unfortunately the infiltration of the right cornea was so deep that perforation took place. The left eye has cleared up entirely with the exception of a very small nebula at the lower margin, which is rapidly disappearing. The sight in this eye is perfect; the child can pick up crumbs from the floor, and can see the normal distance. The right cornea is also clearing, and we are hopeful that in time we may by an iridectomy restore full vision to the eye.

We report this case on account of the extreme rarity of preservation of sight in this fortunately rare and dreadful disease.

**A CASE OF CUT THROAT, IN WHICH ALL THE
CAROTID ARTERIES AND ALL THE JUGULAR
VEINS ON ONE SIDE WERE LIGATURED:
PERFUSION OF SALINE SOLUTION:
RECOVERY.**

By W. THELWALL THOMAS, F.R.C.S.,

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J. E.,¹ aged 45, was brought on a police ambulance to the infirmary on October 5th, 1894, having attempted suicide half an hour before. We were conducting the out-patient clinic at the time, so there was no more delay. He was unconscious,

Fig. 1.

deathly white in colour, and pulseless; the lower jaw spas-

¹ The patient was shown at the Liverpool Medical Institution, Dec., 1894.

modically dropping, with feeble inspiratory attempts. There was a deep wound in the left side of the neck (produced by a penknife). The sterno-mastoid and omo-hyoid muscles were divided, the internal jugular vein was cut through, its cut ends were collapsed and three-quarters of an inch apart, the common carotid artery was cut into, but not divided. The

Fig. 2.

Fig. 3.