

resembling blood corpuscles, but larger and containing nuclei; and cancer cells, mostly fusiform in shape. From this, I considered it to be a melanotic cancer, involving the whole of the eyeball. Probably the disease commenced as sarcoma of the choroid, taking into account the length of time intervening between the first eye symptoms and the excision of the eye.

That the disease had commenced on the choroid I infer from its melanotic character, depending upon pigmentary granular deposits of an intensely black color, called melanin; which appears to be merely altered haemotoidin becoming endowed with greater power of resistance than freshly formed haemotoidin, so as to undergo no further change.

In itself this is not an important form of degeneration, and must be looked upon as the result of those conditions upon which the formation of pigment depends, than as in any way due to the presence of pigment itself. Pigmentary degeneration being described as consisting of "an abnormal formation of pigment in the tissue, derived from coloring matter of the blood." In the case before us, it no doubt, was owing to the selective power of the cells of the choroid separating the coloring matter from the blood. For it has been generally observed that growths originating in tissue normally containing pigment, are most frequently melanotic in their character.

Two forms of malignant growth are most frequently met with in the choroid. 1st. Sarcoma; 2nd. Carcinoma, there being two chief varieties of the latter—medullary and melanotic. Sarcoma and cancer may co-exist, forming a mixed tumor containing a large amount of pigment, which is then termed melanotic sarcoma, and which is the most frequent form of intraocular tumor. Both forms are equally malignant, though, in point of time, cancer is most rapid. Sarcoma, so long as it is confined by the sclerotic, being generally slow. What connection the previous neuralgia and the shedding of the teeth may have had to do with the disease in the eye, I am unable to explain, as I find no mention of such effect occurring previous to, or in connection with intraocular tumors. It may be merely coincidental, but it is remarkable that the teeth should all be lost in so short a time, and followed immediately after by the eye symptoms. The fact of the eyes being of different colors, and that it was the black one which became diseased, is noticeable as a tendency in that eye to an increased formation of pigment, may have determined the melanotic character of the tumor. After the loss of the teeth the neuralgia left the face

for the head, at the same time there was loss of vision on the "left side of the left eye," so that he could see only half the light when looking at a lamp. As we know that the image of an object is inverted within the eye, the disease must have commenced on the inner side of the eye; the retina becoming detached and pushed forward at that point, so as to have its function impaired or lost. This was confirmed by the tumor perforating the sclerotic at the upper and inner angle of the orbit, near the cornea, at which point the sclerotic, being thinner, would offer the least resistance. That the tumor was not discovered when the eye was examined by the ophthalmoscope, no doubt was owing to the obscuration of light by the cataractous condition of the lens. In other respects, since that time, the symptoms, as described by himself, were those following the growth of an intraocular tumor: the formation of a cataract, and its yellowish flocculent appearance, the intense neuralgia of that side of the head, &c. That it partook, latterly, of the nature of true cancer, I judge from its softness and the character of its cells; but, that it was also sarcomatous I infer from its slow growth and the existence of round corpuscles containing nuclei characteristic of sarcoma.

A CASE OF OBSTRUCTION OF THE DUCTUS COMMUNIS CHOLEDOCHUS, BY MALIGNANT GROWTH.

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The subject of this paper, F. B., aged 68, and a native of Ireland, was a tall, well-formed, active and intelligent man. He was a plasterer, and had always enjoyed remarkably good health till within the last six or eight months of his life. On 7th November, 1872, I was called to see him, and found that he had been ill three or four days, with a pain at the pit of his stomach and general debility. He knows no cause for this attack, as he has been in better flesh and strength the last few weeks than for some time previous. There is nothing particularly noticeable about the appearance or condition of the patient, except slight pains of a persistent character, at the pit of the stomach, and loss of appetite. I ordered turpentine stupes to seat of pain, and gave tr. nuxvomica, internally. The bowels were regular, but the urine rather high-colored. During the following two days pains at pit of stomach more severe, appetite worse, more debility, urine deeper tint, pulse weak and rapid, tongue furred, and symptoms of