ART. XIII.—A Case of Cyclopian Monster. By William Roe, M.D., F.R.C.S.I.; Assistant-Master Coombe Lying-in Hospital.

The case I have to lay before the Society is one of interest both to the physiologist and the practical obstetrician. I wish to exhibit a specimen of that variety of monstrosity named "cyclops." It will be seen to be a female child of average size and weight, well formed in every part except the head and face, which I will just now describe more fully.

Case.—On yesterday morning (Dec. 16th), I was called to see a woman, aged thirty-five years, in her fifth confinement, her last child being now only twelve months old. She never has nursed her children. The history I got was that on that morning she was (as usual) getting her husband's breakfast, when she felt a sudden gush of water. She immediately went to bed, and sent to the Coombe Hospital for assistance. A pupil (Mr. Hunt) went immediately, and on making an examination found the placenta and funis in the vagina. On ascertaining this much he sent for me, and I visited her very soon afterwards. I found the placenta completely detached, the left shoulder presenting, and the uterus firmly contracted on the child. I endeavoured to pass my hand into the uterus, but found so much difficulty that I considered it dangerous to persevere. In consultation with my colleague, Dr. Ringland, we agreed that evisceration was a safer course, and accordingly made arrangements for the operation, but on examining the abdomen, which was very large, with the stethoscope, we heard a loud and very distinct bruit over the entire anterior surface of the abdominal tumour. We now abandoned the idea of eviscerating, fearing that there might be twins, and perhaps the living one presenting. We again had recourse to version, which was accomplished with very great difficulty, and I delivered her of the monster which I now show the Society.

There was not, however, another child in the uterus, but a large intramural fibroid occupied the anterior wall, and, of course, accounts for what we both heard and felt. The appearances presented by this monster were peculiar in many respects. As I have already stated, the body was that of a well-formed mature child. The head was hydrocephalic, and contained about a pint and a half of sanguino-serous fluid, and the bones on the right side were undeveloped, and there was no roof to the orbit. The brain was very

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small, the cavity of the cranium being chiefly occupied by fluid. The cerebellum and spinal cord were normal, and very large in proportion to brain.

**Face.**—Ocular aperture, diamond-shaped, situated in centre of face, filled up by the eye and two large folds of mucous membrane, one on the outside, the other below and to the inner side, each containing rudimentary bone or cartilage.

**Ears.**—Normal; but in front of each there was a teat-like appendage.

Mouth and tongue quite perfect.

No olfactory bulbs.

Optic and olfactory nerves could not be found.

The other cranial nerves appeared normal. To my friend Mr. Wilson I am indebted for the description of the eye, which he kindly examined for me.

**Eye measurement.**—From cornea to posterior pole, 13 milimetres; one lateral diameter, 13 m., while the other measured only 10 m. Cornea opaque, 5 m. from side to side. The sclerotic becomes funnel-shaped where the optic nerve enters the globe.

On making a section of the eyeball, which had been in Müller's hardening solution only for a fortnight, the vitreous humour was found of normal consistency; the crystalline lens, translucent, globular in front, measured at the equator, was 4 milimetres, and from before backwards nearly 5; had some black pigment adherent to its front, and was firmly embedded and adherent to membranous structures posteriorly, from which it was impossible to separate it without violence to the parts; posteriorly, where it was torn from its bed of capsule, it presents an irregular, rough, and elevated surface, showing apparently that lens substance was being deposited at this place. Immediately behind the lens, and intimately adherent to it, is what must be regarded as the posterior capsule, which, together with the retina and choroid, forms a mass of structure inseparably connected to the sclerotic, near the position of the insertion of one of the oblique muscles. At this place the sclerotic presents internally a ridge-like prominence, with which the retina and choroid are united. There are also indications of the hyaloid artery remaining, passing backwards from the posterior capsule to the optic papilla. The retina appears normal, but very thick; in some places loose from choroid, and, except at the place already referred to, easily separated throughout; some few spots of pigment were observed on its internal surface, and pigment remained abundantly