confirmation chlorpropamide levels of 16 mg and 14 mg/100 ml were found in two blood samples taken at a two-day interval at a time when she was having repeated hypoglycaemic episodes. These levels were equivalent to about a 5-g dose and a second, smaller dose. She was discharged to psychiatric care.

Comment

The differential diagnosis, which lay between insulinoma, extrapancreatic tumour, hepatic disease, and endocrine disease, was narrowed after investigation to an insulinoma or an extrapancreatic tumour. Normally blood insulin values would have established the diagnosis, but they would have been misleading in this case and could have led to a pancreatectomy. Cases such as this fulfil all the criteria of Whipple's triad (low blood glucose levels, severe recurrent attacks, and symptoms relieved by intravenous glucose), and the initial diagnosis has nearly always been of an islet-cell tumour. In this case results of tolbutamide and glucagon tests were normal, so self-administration was suspected and laparotomy was not performed. It bears many similarities to the other reported case of chlorpropamide self-administration (Duncan *et al.*, 1961), in which blood levels of chlorpropamide reached 25 mg/100 ml.

On reviewing the patient's history it seems likely that the peculiar glucose tolerance test result and particularly the blood glucose levels before the glucagon test may have been faked. Levels of urine glucose of 10 g/100 ml with a blood glucose

of 75 mg/100 ml are obviously spurious. It is of interest that a degree of ataxia was present. This has been reported during the therapeutic use of large doses of chlorpropamide. The other symptoms and signs were almost certainly due to hypoglycaemia. It should be emphasized that when factitious hypoglycaemia is suspected the blood levels of insulin antibodies and of sulphonylureas should be estimated. Obviously the former will not be of assistance in a diabetic subject who has received insulin therapy. We report this case to emphasize how difficult it can be to detect exogenous sulphonylurea administration.

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Accidental Gonococcal Infection of the Eyes in Children

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In view of the large increase in the incidence of gonorrhoea in Britain during the past few years the following cases are worthy of report.

Case Reports

A married joiner aged 25 attended the Special Clinic, St. James Hospital, Birkenhead, on 24 March 1971 with a urethral discharge of four days' duration. He admitted extramarital risks with the same consort five days, two weeks, and three weeks previously and to having had marital intercourse since the risk. Urethral smear and culture disclosed a gonococcal infection. He was issued with contact cards for his wife and consort and was treated with procaine penicillin and ampicillin.

Two days later he attended the clinic accompanied by his wife and two children. His consort also attended later the same day and was found to have gonococci in both urethral and cervical smears and cultures. On examination his urethral discharge had cleared up and his urine was clear.

His wife did not complain of any symptoms. On examination, however, a profuse purulent cervical discharge was found. Urethral

and cervical smears and culture disclosed a gonococcal infection. Advice was given regarding hygiene, with particular reference to the children. She then stated that the daughter aged 3½ years had had "inflammation" of the eyes for the previous four days. The wife was treated with procaine penicillin and ampicillin.

On examination of the daughter a bead of pus was present at both internal canthi. Smears and cultures of the pus from both eyes disclosed a gonococcal infection. Examination of the son, aged 2 years, showed no abnormality of the eyes. Penicillin drops were instilled into the eyes of the daughter at two-hourly intervals by the father, and she was given procaine penicillin 600,000 units intramuscularly, which was repeated the following day. The mother refused admission of the daughter into hospital. Next day the eyes were still inflamed and the penicillin eye-drops were continued. Two days later the eyes appeared normal. There was no evidence of vulvovaginitis. She reattended the clinic at frequent intervals for observation and was discharged cured on 18 April.

On 2 April 1971 the father brought his son to the clinic as he had noticed that his eyes had been "swollen" for the previous two days. On examination a bead of pus was present at both internal canthi. A Gram-stained smear from both eyes showed gonococci, but the cultures were negative. Penicillin eye-drops were instilled at two-hourly intervals by the father and he was given procaine penicillin 300,000 units intramuscularly; this was repeated the following day. On 3 April the eyes were still inflamed. The penicillin eye-drops were continued for a further three days, and on 7 April the eyes appeared normal. He was discharged on 16 April.

Comment

It is possible that both children's eyes were infected by one or other parent from towels during routine washing and bathing. With the present high incidence of gonorrhoea it is probable that further accidental gonococcal infection of the eyes will occur in children.

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