

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

CLINICAL ILLUSTRATIONS OF AMAUROSIS.

(Communicated by JONATHAN HUTCHINSON, Esq.)

CASE I. *Loss of Sight in one Eye, with Symptoms of Cerebral Congestion: Climacteric Period.* Mrs. D., aged 48, rather pale, and moderately stout. The catamenia were regular until six months ago, since which they had not occurred. She was liable to palpitation. Pulse strong, 90. She had been liable to headaches occasionally, but not unusually so; and they had never been restricted to the forehead. Six weeks ago, she had a violent bleeding from the nose, from the right nostril. To this she was previously quite unaccustomed. The bleeding recurred every night for a week. She was under medical treatment for a week, and was told that it had saved her from apoplexy. There had been no giddiness, but since then she felt giddy. Her mother died aged 72, "of apoplexy".

Mrs. D. had good sight until after the attack of epistaxis. About a fortnight after it, she found that she could not see to do needlework by candlelight. She had before enjoyed good sight, and never needed glasses; had earned her livelihood at waistcoat-making. She then found that the right eye was by very much the worse; it was almost blind. She believed that it became blind suddenly. At any rate, one evening it was dull; and the next morning, on closing the other, she found herself in darkness. She could now only just see to count fingers with the right eye. With the other she could read minion.

Ophthalmoscope. The retina about the optic disc looked a little hazy, but not much so.

CASE II. *Unsymmetrical Amaurosis: Detachment of the Retina in the Affected Eye.* Mr. C., aged 59, was sent to me by Mr. Wright of Clapton Square. He was in great alarm about a sudden failure in sight in the right eye. About a fortnight previously, he had, after having been exposed to cold on the top of an omnibus, perceived first a bright star moving about before the eye, and subsequently a black speck, which he frequently mistook for a spider hanging from his hat-brim. The eye rapidly became worse; and when he came to me, he was only able to perceive light. The pupils were of equal size. The right dilated well with atropine; and I then found that the retina was detached in its lower half, floating as a light grey veil, with vessels coursing over it. It moved about in different positions of the eye. I could not bring the optic disc into view. There had been no pain in the eye, but a dull heavy aching on the inner side of the nose.

Mr. C. told me that, until within the last year, he had enjoyed excellent sight, as proved by the fact that he had gained several prizes for rifle-shooting. During the last eight months, however, he had been becoming so rapidly short-sighted with his right eye, that he had been obliged to give up rifle-practice altogether.

This gentleman remained under my treatment for two or three months, during which he much improved

in general health. No alteration occurred as regards the state of his eye. He was a tall, rather thin man; and had, for some time previously to the attack, been subjected to much mental anxiety. His urine did not contain albumen.

CASE III. *Severe Frontal Neuralgic Pain, with so-called Rheumatic Pain in the Limbs generally; Temporary Failure in Muscular Power in the Lower Extremities; Photopsia and White Atrophy of the Optic Nerves; Symmetrical Amaurosis (incomplete).* Samuel C., aged 41, was admitted June 2nd, 1862. He was a navy from Dover, of large body, great muscular development, and with a small head. He first noticed a fog before his eyes last Christmas—"a dirty fog". Just before that, he had "rheumatics in his head", with great pain over the right eye. The "rheumatics" began in October, and the pain was such that it kept him awake night and day. It affected all his limbs; but he had no swelling of the joints. His limbs came to tremble, and he could walk with difficulty. His right side was the worse. He could now walk well, but was not strong, and could not see well enough to walk boldly.

A month or two ago, he used to see sparks of fire before his eyes. These had now diminished, and he often passed a day without seeing them. The pupils were of normal and equal size, rather large, sluggish. He could not make out the largest letter. "There was a fog over everything." He never saw muscæ. He was now robust-looking and florid. The tongue was nearly clean. He smoked moderately; drank freely, probably very freely, rum and beer—"ten to twelve or sixteen pints of beer a day". The left was the better eye.

June 2nd. The conditions were similar in both eyes. The media were clear. The optic disc was sharply defined, very flat, bluish white, but not in an extreme degree. The arteries were small; the veins of full size. The choroidal vessels were readily distinguished; the retina was transparent. He was ordered iodide of potassium five grains, and solution of bichloride of mercury twenty minims, three times a day; and a blister to the nape of the neck.

July 24th. He had continued the medicine regularly, and had two large blisters to the nape. He now stated there was much "less dullness before his eyes". He could spell out No. 16. There was less heaviness in the back of the head. He could tell the time by the clock. He thought he could walk better than he did. The pupils were of normal size, and fairly mobile (very much more active than six weeks previously). The medicine was repeated.

August 18th. He was worse to-day. He could only just see the letters of No. 20. He had been a fortnight at Dover, and thought that the glare of the sun and of the white cliffs did not agree with his eyes. There was not much headache. He slept well, but was not sleepy in the day. He was ordered to take three times daily an ounce of a mixture containing five grains of extract of belladonna in twenty-four ounces of water.

CASE IV. *Paralysis of Left Arm and Leg, with great Pain in the Shoulder and Hip; Symmetrical Amaurosis, with Intense Pain in the Scalp, coming on about Two Years after the Paralysis: Amaurosis total in Six Months: Grey Atrophy of Optic Nerves.* Mary Collins, aged 42, was admitted in August 1862. She had perfect sight until the previous Christmas. She first noticed that her eyes were failing, and she was getting dark. She then had "the cruellest pain in her forehead, as if there was something between the skin and the bone." She had had ten children, five of whom were living. She always had good health before her present illness, and was never subject to headache. Two years ago, one hot summer day, she

walked seventeen miles, and then drank some cold water. She slept very badly the following night; and, a fortnight later, "pins and needles came in her left arm". She had afterwards great pain in the left shoulder and left hip, and then "the pain went to the crown of her head". Her husband and she differed as to whether it was two or four years since she became paralysed, but both agreed that it followed the occurrence referred to, and came on gradually. She had only been two months blind; and it was a remarkable point, that sometimes her sight had greatly improved, and then again wholly failed. Although now quite unable to perceive light, she still asserted that even yesterday "for a few moments she could see into the yard, but she could not keep it".*

The pupils were of large size, and quite motionless; the aspect was amaurotic. She was quite paralysed in her left arm and leg, which hung useless. She could feel in the hand, but only very imperfectly. With great difficulty I got a glimpse of the optic disc in the right eye. It was not white, but of a mottled grey specked with black, very ill defined. The arteries were small; the veins of moderate size; the choroid normal; the pupils were widely dilated.

There can be little doubt that in this case all the symptoms—the loss of sensation, loss of motion, neuralgic attacks, and final symmetrical failure of sight—are due to some central cause.

CASE V. *History of Temporary Paresis of Sensation in the Right Fifth Nerve: Sudden Failure of Left Eye, rapidly passing into Total Blindness: no Disease in the Eyeball itself: Diagnosis, Effusion of Blood into Left Optic Nerve-Sheath.* Mrs. U., aged 54, was admitted July 1862. She was healthy-looking, and had never been ill before—"never in bed a day". She was not liable to giddiness, but now and then to a little swimming. All of a sudden, six or seven weeks ago, she had numbness of the right side of the upper lip, cheek, and side of the nose. The skin felt dead. When she went into the air, it felt as if she put her whole face into ice. This troubled her so much, that she used to cover her face with her handkerchief when she went out. At this time she had great difficulty in keeping her hands warm; they were always cold. Her feet were not cold. At present, she has quite lost these symptoms, and her hands are warm. Her legs then swelled; they had never done so before, and the swelling was gone when she was admitted. Suddenly, a week ago, whilst sitting at work one afternoon, she noticed a sort of dimness before her eyes. In trying them, she found that the dimness was before the left only. In the course of a few hours, the dimness had advanced to total blindness of the left, and she had no perception of light. There was no giddiness, sickness, or other cerebral symptom. Her appetite was good. She was active, and always rose at five.

When admitted, she could not with the left eye see the sun or distinguish the window. The other eye was perfect. The left pupil was a little larger than the other, and quite motionless; it dilated to thrice the size of the other when the other was covered, and remained quite fixed; contracting immediately on light being admitted to the other. Under atropine, the left pupil dilated well. The media were clear; the vessels of the retina were seen clearly; the veins were rather large; the arteries small. The optic disc was round, and of normal colour; the central white portion very white and circular; the yellow spot was normal.

My conjecture in this interesting case was, that either there was effusion of blood into the optic sheath, or else an intracranial aneurism pressing on the nerve.

* Probably this was an effort of imagination.

Transactions of Branches.

NORTH WALES BRANCH.

CASE OF PROLAPSED UTERUS: REMOVAL OF THE ENTIRE ORGAN.

By T. FRANCIS EDWARDS, Esq., Denbigh, Surgeon to the Denbighshire Infirmary.

[Read at Elyl, July 7th, 1863.]

DR. WEST, in his able and interesting *Lectures on the Diseases of Women*, has, in reference to the descent of the womb, divided it into three stages of displacement, viz: the first, second, and third degree of prolapse.

The first degree is a simple relaxation of the organ within the pelvic cavity, but still preserving its normal situation.

In the second stage, there is a partial loss of position; the uterus being placed with its fundus directed backwards, and the os and cervix forwards, so that its long diameter corresponds to that of the pelvic outlet.

The third degree, or *procidencia uteri*, is said to exist where there is complete prolapsus with protrusion of the uterus beyond the vulva. It often follows the internal prolapse, and generally—perhaps almost invariably—takes place gradually; except in these very rare instances where the womb has been protruded at once externally; an example of which occurred in my own practice, in a girl of 14, a few years ago.

The causes which operate in producing these uterine lesions are doubtless so well known to you all, that I will not occupy your time with any further allusion to them; but will confine my remarks to the third and severest form of uterine prolapse—the womb in a procident state—bearing direct reference to a case which has come under my special notice for many years, and which progressed into a condition of irreducible prolapse, necessitating extirpation of the entire organ.

The history of this case, which I will deal with as succinctly as the facts which it embodies will allow me, is as follows. My patient is at present 74 years of age; and about twenty years ago, first experienced the distressing symptoms of uterine displacement.

She went on becoming gradually worse for five years; when, the symptoms being much aggravated, she was obliged to obtain professional assistance and advice. The gentleman to whom she applied (a surgeon of great experience and intelligence) examined her, found the uterus protruding externally, and recommended her to wear a ball-pessary; which he inserted, after reducing the uterus into the cavity of the vagina. The introduction, however, of this foreign body caused so much pain and uneasiness, that she was unable to bear its presence more than a week or nine days; when it was with much difficulty removed (by the same gentleman) by the aid of instruments, in consequence of the string having broken off.

She was afterwards ordered to wear an uterine bandage, which was supplied to her from the Denbigh Infirmary. This she was also unable to endure, as the mechanical pressure of the pad on the perineum caused so much irritation, that she was in a short time obliged to discontinue its use. The only appliance that she could tolerate with any degree of comfort was a sponge dipped in oil, and inserted into the vaginal passage.

During the last eight or nine years, I have been called upon (not unfrequently during that period) to replace the uterus; and each time found it lying pendulous between her thighs; as complete a specimen of external prolapse as ever existed. The organ for