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SYMMETRICAL SWELLING OF BOTH UPPER EYE-LIDS, RESEMBLING ŒDEMA, BUT DEPENDING ON A PROTRUSION OF THE ORBITAL FAT, NEAR THE LACHRYMAL GLAND.

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THE following case excited some interest among those who saw its progress; and is published for the sake of whatever light it may throw on others of a similar character.

Henry John B., ætat. 16, a very healthy-looking boy, of ruddy complexion, reddish hair, son of a publican at Islington, came to the Ophthalmic Hospital, Moorfields, in February 1848, for a swelling of both upper eye-lids, which made his friends and himself uneasy by its unsightly appearance, though he had experienced no pain. The swelling was precisely alike on the two sides. It was almost limited to the outer half, or outer two-thirds of the lid, extending from the brow to within a sixteenth of an inch of the tarsal border, where it ceased by a groove, over which the relaxed and distended integument hung, as was very evident when the lid was viewed in profile. The swelling was reddish in the middle part, from fulness of the cutaneous vessels. It was quite soft, as if from œdema of the parts subjacent to the skin; and when pressed by the finger, no resistance was encountered, nor was any indentation left. The skin was thin, and slipped freely over the orbicularis muscle, nor was it easy to seize between the finger and thumb a fold of this muscular layer. When this was done, however, the feeling was that of redundant and loose cellular tissue beneath, and not of any tumour. Eversion of the lid showed the conjunctiva and subjacent tissue to be perfectly natural. Pressure behind the external angular process detected no tumour. The globe was in all respects healthy. Careful inquiry as to his general functions, only served to show that he was in excellent health.

He stated, that this swelling had come on gradually, on both sides together, during the preceding three months, without pain or tenderness, and that he was first made aware of it by the remarks of his friends. On one morning it had been so much worse that he could not open the lids on waking; but this had subsided during the same day, and now, for some weeks, the affection had been such as I then saw it. It appeared to be a symmetrical partial œdema of the lids, of which the cause was concealed.

Not understanding the case, I first directed some purgatives, with alterative treatment, and an evaporating lotion to the lids, and subsequently gave him diuretics; but the conditions remaining the same, I ran some slender threads through the swelling on one side only, as an experiment, and left them in for a week, hoping there might follow some condensation of the tissues in their tracks; but when they were withdrawn, the swelling remained the same, but the integuments were rather redder. He now for three months, under the advice of my colleague, Dr. Farre, resumed the alterative remedies, with a strictly regulated diet, but without any good result.

During my absence from town in September, my friend, who was seeing my patients, gave him iodide of potassium, and applied the tincture of iodine to the swollen lids; and the former I continued on my return, but left off the tincture, as it appeared to increase the tumefaction, by drawing more blood to the skin.

In November, he was just as in the preceding February. There was the same redness and bulging of the skin, and the same feel of the parts: neither tenderness nor itching. His health was good. I noticed that his temporal fossæ were unusually large, but, as it afterwards proved, this had no bearing on the case. I had also a drawing made; but a wood-cut would not convey the appearance, as the redness of the integument was even more conspicuous than its swelling.

The attempts hitherto made having failed to remove the swelling, they were altogether laid aside, and I waited till the spring, to see whether by that time any spontaneous improvement might not take place. At the end of April, the young man again presented himself, and being exactly in the same state as before, he was anxious that I should perform whatever operation offered a chance of improving his appearance. I accordingly determined to employ a modification of the operation for entropion, and to remove, not merely a horizontal ellipse of integument from the most projecting part of the swelling, but also a corresponding portion of the orbicularis muscle and of the fascia below it, and so to endeavour to consolidate the integuments with the parts beneath, which seemed the principal seat of the disease.

On the 4th May I operated on the left side. A piece of the integument was taken up with the entropion forceps, and removed with scissors to the extent of two-thirds of the horizontal width of the lid, and one-third its vertical depth. The orbicularis thus exposed was healthy, and was removed to nearly the same extent, by means of common forceps and scissors; a dense cellular fascia then bulged forward in the gap. This fascia being removed in its turn, a mass of fat, resembling the natural fat of the orbit, and about as large as an almond, fell forward in the opening, and I immediately removed it. It was not tightly embraced by any

capsule of the areolar tissue which surrounded it, but was divided into pellets, or small lobes, which moved freely on one another. It therefore had not the appearance of a fatty tumour. After its abstraction, there was no other tissue projecting, and I therefore closed the wound by sutures, and had the satisfaction of seeing it heal in four days, with an almost complete relief of the deformity.

A fortnight after, at his own request, I performed precisely the same operation on the right side, and with the same result. On cutting into the sub-muscular fascia, a pellet of fat appeared, and was cut away; a lobe of what seemed to be lachrymal gland was then exposed to view, but, showing no disposition to project, it was not interfered with. When the wound healed, the deformity was even more completely removed than on the other side, more care having been taken with the shape of the piece of integument excised. Two months afterwards, the lids hardly bore any trace of what had occurred.

REMARKS. Probably most surgeons of large experience in eye diseases, have occasionally met with a case like the preceding, in which a swelling, resembling œdema, and of which the most obvious character was a distended and somewhat pendulous and reddened condition of the skin of the upper lid, occurred simultaneously on both sides, in a young person otherwise in perfect health. I have myself seen but two others besides this one, and in neither of these was the swelling known to depend on the protrusion of fat, although I have little doubt that such was actually the fact. In both, the upper lid on each side was similarly affected, and both were young subjects.

The true fatty tumour of the orbital cellular membrane is comparatively rare, and it occurs singly, generally at the upper or outer side of the globe, in the loose areolar tissue outside the recti muscles. When sufficiently large to cause a prominence of the skin, it admits of being felt as a tumour, although readily retiring into the orbit under pressure; and on everting the lid, it usually projects under the conjunctiva, where that membrane is reflected from the lid to the globe, near the outer canthus.

The following case will illustrate some of these points, and show the difference between the adipose tumour of the orbit and the affection above described.

CASE. *November 1846.* Priscilla Glennie, æt. 17, has a small, soft tumour by the outer side of the right globe. It is moveable, seems flattish, lies against the globe, and presents an edge forwards. It is not visible unless she directs the eye inwards, but it then projects slightly between the lids. It is covered by the conjunctiva, which is whitish, and seems adherent to it. The white colour and the shape of the tumour make it look like the lachrymal gland, for which, of course, it is not mistaken. She first noticed it about four months ago, when it was of its present size. She had previously felt some pain in the eye on reading, etc., and this irritability continues.

26th. I removed the tumour through the conjunctiva with scissors, after drawing it outwards with forceps. It proved to be a simple fatty tumour, lying loosely attached in the areolar tissue, between the external rectus and the lachrymal gland. The wound was healed in a week, and

the movements of the globe, though slightly restrained at first in an inward direction, soon became quite free.

When the case of H. J. B. presented itself, I was far from suspecting the swelling to depend on fat. It had more the appearance of œdema than of anything else, although its limited size, and the colour of the redundant skin, were different from what I had seen in any instance of simple œdema. There was no tumour to be felt; neither was there any projection within the lids in any position of the globe. Its existence in the same situation in each orbit also discouraged the idea of there being any tumour. On referring to the principal modern works, and especially to those of Lawrence and Mackenzie, I could find no account of a corresponding affection. I do not pretend to explain the reason of the remarkable projection of the adipose tissue in so symmetrical a form on the two sides, and at the same period of time. The thought suggested itself, whether it may not have depended on some enlargement of the lachrymal gland, analogous to the chronic enlargement of the tonsils, sufficient to displace and thrust outwards a fragment of the fat in which the globe is cushioned. But, had this existed, there would surely have been a perceptible swelling in the region of the gland, after the removal of the fat, and also a tendency in the gland to fall into the gap, both of which were wanting. There was no undue projection or solidity of the gland when examined through the wound during the operation.

With respect to the treatment adopted by me in this instance, I am quite of opinion that the mere removal of a portion of skin would not have sufficed. The integument would have been still pressed on by the fat beneath, and the swelling would have remained, with only a smoother and redder covering. Yet it would have been a natural course enough to have confined the operation to the skin, and not to have gone through the orbicularis; and this, in fact, I witnessed in one case.

14, Golden Square, August 28, 1849.

ON THE HEALTH OF LONDON DURING THE SIX MONTHS TERMINATING 29TH SEPT. 1849;

MORE ESPECIALLY IN REFERENCE TO CHOLERA.

By JOHN WEBSTER, M.D., F.R.S., Consulting Physician to the St. George and St. James's Dispensary, etc.

(Read before the Westminster Medical Society, Saturday, October 6, 1849.)

HAVING read a paper,¹ towards the close of last session of the Westminster Medical Society, upon the Health of London during the previous six winter and spring months, compared, especially, with the parallel months of the former season, I now propose making some general remarks, in regard to the diseases which have prevailed in the metropolis during the second and third quarters of the current year, or, in other words, the six months terminating on the 29th September, 1849.

I undertake this task the more readily, from the circumstance that London, many parts of England, and also of the Continent, have been

¹ Vide Reports of Westminster Society in this Number, for the remarks of several physicians on Dr. Webster's paper.