BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. LXIV.]

LONDON: SATURDAY, MARCH 20, 1858.

[NEW SERIES.]

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

MANCHESTER EYE HOSPITAL.

EXOSTOSIS OF THE ORBIT.

By JOHN WINDSOR, Esq., Consulting Surgeon to the Hospital.

ALICE HOIT, aged 24, unmarried, a weaver, residing near Bury, was admitted into the Manchester Eye Hospital on February 21st, 1856.

The left globe was depressed, or its corneal aspect turned downwards, by an intraorbital tumour, very distinctly felt by the finger at the upper and outer side of the orbit, slightly projecting beyond its edge, but covered by the conjunctiva. The pressure of this threw the axis of the globe decidedly below its parallel with the other. The vision with this eye, although it presented but little pupillary action, was still pretty good. There was some lachrymation and tenderness, but no appearance of inflammation of the affected eye.

She did not remember having ever received any blow or injury of the eye, but said that she had been much exposed in her occupation to currents of air, and had suffered now and then from slight attacks of ophthalmic inflammation. About nine months before admission, she first perceived a small swelling of about the size of a pea in the part. Two leeches were applied, and a lotion was used, but the swelling gradually increased. The general health seemed to be pretty good. She was prescribed a lead lotion, and some purging pills.

April 3rd. Little change seemed to have taken place, though the projection and deviation of the eye were rather more striking. She was very desirous of some effort being made for her relief. Complying with her request, I divided the external commissure about an inch, in order to get more room, and then cut through the reflection of the conjunctiva above, when a portion of adipose matter protruded, and was excised. The finger could now be passed between the superior part of the globe and the orbit, when the postero-superior part of the latter was distinctly felt to be occupied by a bony growth or exostosis of a laminated form, of some thickness, and of about the size of a shilling. The tumour, by its gradual increase, seemed to have pushed forwards the cellular texture of the orbit against the conjunctival reflection, thus producing the feeling of a tense resistance when the part was first examined by the finger. From the depth and extent of the osseous production, I did not consider it expedient to attempt more at this time, and therefore brought the parts together by a suture through the divided integuments at the external canthus, some tissue-plaster, and a light bandage. Chloroform had been used, and she bore the operation well. It was attended by considerable sanguineous oozing, but with no arterial jet requiring ligature.

April 5th. Both on the previous day when I visited her at her friend's house, and this day, when she came to the Hospital, I found her going on well, with scarcely any pain, and no constitutional disturbance. The upper eyelid still covered a considerable portion of the globe, but she could see tolerably well, as she did before the operation.

April 21st. No particular change had occurred; but the conjunctiva above was everted, so as to cover the anterior part of the globe.

April 28th. I excised a considerable portion of the everted conjunctiva by curved scissors.

May 2nd. The eversion was considerably less, but still not entirely removed, especially towards the inner side.

June 14th. The eye was still very projecting, although the retina retained its power. The tumour could be distinctly felt between the globe and the upper part of the orbit. After subjecting her to the influence of chloroform, I divided freely the external commissure, and then passed the knife between the globe and the tumour; the latter, composed partly of bone, and partly of a dense cartilaginous-like substance, extending deeply as far as the optic nerve, required some time for its removal, which was effected partly by the gouge and forceps, and partly by the finger. The optic nerve was quite exposed, but not at all injured. There was free oozing of blood for a while; and either from this cause or the chloroform, or from both combined, she was faintish for some time. An opiate was administered, and also a little stimulus, which, however, she rejected by vomiting. The pulse for the rest of the day was only about 56 to 60, and she dozed a good deal.

June 15th. She had passed a pretty good night, and was very quiet. The pulse was still about 60. There had been slight bleeding from the orbit. She had scarcely any pain of the eye, but complained a little of her head along its upper and left side, with a feeling of nausea, but no vomiting. I took off the dry hardened dressing, and applied only a little wetted lint.

June 16th. Pulse 72. She was very quiet, but still complained somewhat of her head. Both palpebræ looked swollen and livid. The eye had not yet retired within the orbit. She was ordered to take effervescent mixture three times a day.

June 17th. She slept moderately. Pulse 72. She had less pain of the head, but rather more of the eye, from which there was beginning to discharge a darkish bloody matter. The bowels were rather confined; she had thirst; no appetite. Two purgative pills were prescribed, which acted sufficiently.

June 21st. The swelling and lividity of palpebræ were diminishing, but the cornea looked dull, though not sloughy.

July 17th. Since last report she had been in the country. The prominence of the globe seemed to be gradually diminishing.

August 12th. She called again at the Hospital. She had now no particular pain of the head or eye. The projection of the globe had much subsided. There was still some eversion of the conjunctiva. The cornea was partly clear, but her vision was imperfect.

October 10th. The prominence of the globe was now nearly or quite gone; and there was no pain nor inflammation. She had some vision with the eye. Her general health was very good.

1857. October 12th. She called again. The affected eye projected a little more than the other, but there was no particular pain or inflammation of it. The eyelid is somewhat adherent to the globe above, and the vision with it was but limited. Her general health seemed very good.

REMARKS. The tumour or exostosis in this case seemed to consist chiefly of bone (and indeed it felt to the finger when first examined altogether bony), but containing also a softer material; it might perhaps be designated osteo-sarcoma or osteo-chondroma. It seemed to have its origin under the periosteum (periorbita) of the roof of the orbit, that is, between the bone and its investing membrane.

It would be difficult, I think, to decide satisfactorily how the tumour originated, whether from accident (although she did not recollect any injury to the part, I think it not impossible that in her business of a weaver, where shuttle accidents are common, she may have been hurt in the part, and have forgotten it), or some form of cachexia, as scrofulous or cancerous, or one *sui generis*. There was no suspicion at all here of syphilis. It may require the comparison of a number of somewhat similar cases to arrive at any satisfactory conclusion on this point.

It may be an important inquiry, also, whether such cases can be combated satisfactorily by any remedial treatment short of operation. The latter was resorted to in this case, because the tumour seemed to be gradually increasing in size, and might, at no distant period, not only by its pressure compromise

the organ of vision, but also by the same action, produce absorption or ulceration of the orbital process of the frontal bone, and thus induce serious injury of the brain or its meninges. In fact, that part of the orbit to which the tumour was attached was felt by the finger during the operation to be distinctly uneven and rugose.

The result of treatment in this case has been so far, in a considerable degree, satisfactory. The disease seems to have been removed, and there is no threatening of any return; the protruded eye has in a great degree, if not entirely, returned into the orbit, and possesses a certain degree of vision, although the cornea at one time seemed to have almost lost its transparency.

Of cases somewhat similar to the above, a few are on record. I may refer to one, extracted from a German writer, mentioned at p. 671 of the *Lancet* for February 12th, 1831. Another case of orbital exostosis is related in the *Medical Times* for May 30th, 1851, p. 494, by Mr. Canton, as occurring to him at the Westminster Ophthalmic Hospital. In both these cases the exostosis is stated to have been successfully removed. In the first volume of the *Edinburgh Medical and Surgical Journal*, p. 405, Mr. Lucas relates a case of successful removal from the orbit of an osseous tumour, occasioned by a blow from a cow's horn; and it may be here remarked that these tumours or exostoses seem to be occasionally, if not generally, produced by accident.

In Schmidt's *Jahrbücher*, vol. viii, p. 312, 1st September, 1834, a case is related as operated on by M. Seutin at the Hôpital St. Pierre, Brussels, whence the patient was discharged cured at the expiration of three weeks.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

I. OBSTRUCTED LACRYMAL DUCT.

Under the care of H. HAYNES WALTON, Esq., F.R.C.S.

A YOUNG man has been several times in attendance with obstructed lacrymal duct. At another institution he had had his lower punctum slit up, and probes passed into the nasal duct from time to time. This probing had been done, according to the patient's statement, most industriously, but all in vain. Annoying lachrymation continued, accompanied with more or less muco-purulent secretion, and determined him to seek other aid.

Mr. Walton remarked, prior to operating, that he now adopted two kinds of treatment, according to the degree of obstruction. In an early stage, when there was no structural change, or any that could strictly be so called, but mere swelling of the mucous membrane, with an altered secretion, very great benefit, and often actual cure, ensued from general treatment, the use of tonics was always indicated, and counterirritation just over the sac repeated from time to time. In the later stage, when interstitial deposit choked up the canal, and the more marked symptoms drew attention to the abnormal change, this was unavailing, and dilatation of the tube was needed. He had met with no method equally effectual with that of the style, against which the chief objection was unsightliness; but this, strange to say, was not so often urged by a patient as by kind and gratuitous advisers. But the style should be properly introduced at the right place. Moreover, it should be nearly as large as the natural calibre of the duct, and of a shape that shall ensure easy wearing, and no undue pressure on any part of the integuments. Mr. Walton's pattern is kept by Messrs. Weiss, 62, Strand.

The operation was then performed. The obstruction was detected at the lower part of the duct, just below the middle.

This is just the sort of case, according to Mr. Walton, in which complete recovery may be expected, provided the style be worn long enough; that is, for several months, till the natural secretion is restored, as the obstruction was not very resisting, was low down, and as, to all appearance, so far as the nature of the secretions could be taken as an indication, the mucous membrane in the greater part of the canal was not much diseased. It is three weeks since the operation, and the patient expresses himself very much relieved.

II. OPERATION FOR STRABISMUS.

Under the care of H. HAYNES WALTON, Esq.

On the same day, a girl, six years old, was operated on by Mr. Walton for single internal squint of the right eye. Mr. Walton proceeded to make the small incision in the con-

junctiva, close to the cornea, according to his accustomed method, when a peculiar adhesion of this membrane to the eyeball attracted attention. It required unusual care to open it sufficiently, and the preternatural intimacy between the parts was an obstacle to the ready passage of the hook for the securing of the muscle. Mr. Walton showed that there was no external evidence of the existing peculiarity, which should, so soon as detected, make an operator exercise more than ordinary care in his proceedings; and also that in this, and all like instances, it was impracticable to divide the muscle subconjunctivally. He alluded to the uncertainty of this method as devised by M. Guérin, even in ordinary cases. The operation of tenotomy, as practised for distortion in the limbs, was not in like manner applicable to strabismus.

Mr. Walton holds that, in this plan of operating, there is far less disturbance of the appendages of the eye than in any subconjunctival method. All who have seen M. Guérin's method must have been struck with the frequent attempts that are made, whether knife or scissors be used, to divide the muscle, and of the consequent wounding and laceration of the ocular sheath, and the subconjunctival fascia. It is impossible to inflict less injury, and at the same time to operate effectually, than by Mr. Walton's plan. The incision he makes through the conjunctiva is less than that which many of the so-called subconjunctival operations require; and the employment of sutures causes a very rapid union of the small wound.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

CASES OF RAPID PHTHISIS.

Under the care of EDWARD SMITH, M.D., LL.B.

[Concluded from page 184.]

THE following cases of ordinary phthisis are recorded to show the extent to which the disease may advance within the first ten weeks of the origin of the disease, the origin being determined by the patient, after the most careful inquiry by Dr. Smith.

CASE IV. (From six to seven weeks.) January 1857. E. R., a single man, aged 23, a shopman living at Brentford, had double phthisis. There was no hereditary taint. He had had good food and air. He had hæmoptysis two weeks ago only, and then to a very small extent. The appetite was now bad. The tongue was red, with burning pains across the stomach, and thirst. He had cough, dyspnoea, and expectoration of thick dark phlegm. His vital capacity was 120 cubic inches. He could not eat fat of meat or bacon.

The examination of the right lung showed dulness, with very little vesicular murmur, and with much less respiration. The left lung was more extensively diseased, there being very much dulness, with absence of vesicular murmur, and with very little bronchial sound, down to the fifth rib; and much diminution of it below. There were also clicks in various places above the fifth rib. Thus the deposit was exceedingly extensive, and softening had begun in various parts.

CASE V. (Nine weeks.) June 5th, 1857. R. C., a single woman, aged 18, was quite well up to nine weeks ago, and now had double phthisis. There was no hereditary taint, and there had not been any hæmoptysis. Her habits had been active, and she had had good food and air. Her appetite was now bad, and the tongue white, with elevated papulae; and she had a bad taste in the mouth. The bowels had been relaxed four times a day for a fortnight. There were emaciation, weakness, cough, dyspnoea, night perspiration, and expectoration. The menses were too abundant. Of the various kinds of fat, she only ate suet and milk.

The right lung showed lessened vesicular murmur, with very short and feeble inspiration. On the left side, there was very extensive dulness, with very short inspiration and very little vesicular murmur, with mucous râles on coughing, and the commencement of a cavity at the apex. The second sound of the heart was preternaturally sharp.

June 20th. She complained of much tickling in the throat, with increasing weakness. The tongue was red; the bowels were costive; and there was pain in the small intestines.

August 1st. Diarrhoea had set in. The irritation in the throat when breathing cold air continued, and she was very pale and depressed.

August 8th. She felt better, and the purging had diminished; but the cough was troublesome, accompanied by vomiting in the morning.