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Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

CALCUTTA EYE INFIRMARY.

ILLUSTRATIONS OF SOME OF THE CURABLE FORMS
OF AMAUROSIS.

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SOME authors on ophthalmic surgery are of opinion that the distinction formerly made between organic and functional amaurosis will not hold good; for this reason, that if there be no structural alteration, there will be no alteration of function. The same, however, may be said with regard to disease in other parts of the body, as the liver, the heart, or the stomach; and yet nothing is more common than for the physician to speak of organic and of functional disease or disorder of the heart, the liver, or the stomach. It is true that there may be always, where there is functional disorder, some alteration, for the time being at any rate, of a portion of the structure of the body, as of the size, the calibre of the blood-vessels of an organ, for instance. But, as long as we have no reason for thinking that the alteration of structure, if it exist at all, may not be removed, and the organ return in every respect to its original condition, I think we are justified in dividing diseases of the eye, as well as of other organs of the body, into two grand divisions: the organic or permanent, and the functional or temporary. It is true that we may often find it impossible or difficult to make an accurate diagnosis between the two, and that in some cases one form becomes converted into the other: the functional, if neglected, will become organic and incurable; the organic, if not absolutely convertible into the functional, may, by judicious treatment, lose much of the structural alteration, and gradually assume the condition of a functional disorder. I shall therefore adhere in my illustrations to the two great divisions hitherto recognised of amaurotic affections; but at present my attention will be confined to examples of the functional or temporary kind.

After these preliminary observations, I shall proceed to give such examples of cases as will best show the nature of the causes, predisposing and exciting, the degree of benefit derived from treatment, the length of time required, etc.; and I shall commence with instances of amaurosis, which evidently have arisen from general debility, and in which there was clearly an anæmic condition. These will be found particularly worthy of our attention, partly from their frequent occurrence, and partly from the comparative readiness with which they may be cured.

I. AMAUROSIS FROM DEBILITY.

CASE I. Thomas Lock, aged 27, a seaman of the ship *Bacchante*, was admitted an in-patient of the Calcutta Eye Infirmary, on June 23rd, 1856. *History.* He had for the last two months been suffering from defective vision at sea; he had entirely lost his appetite from sickness; he could not eat salt provisions. His vision had been gradually becoming worse. He looked anæmic. He could not distinguish features. There were no objective symptoms, except that the pupils did not act very freely. He was ordered decoction of *ununtamool* (the native substitute for *sarsaparilla*).

June 27th. He was ordered to take two grains of quinine three times a day, and to have half diet.

July 5th. Sight had improved. He could see features indistinctly.

July 25th. He was improving. As he had been taking calomel in purgative pills, his mouth was slightly affected. The tonic treatment was continued.

He continued to improve until his discharge, August 29th. His diet was good; after a time, he was allowed, in addition to the hospital half diet, a pint of beer daily. At the time of his discharge, he could distinctly make out features; but there was still some haziness apparent between his eye and objects. It was thought now that he would benefit most by change of climate, sea air, etc.

REMARKS. In the outline of this case, we find an evident and sufficient cause of amaurosis; viz., a state of general debility brought on by want of proper nourishment, this state being gradually removed as the stomach regained its power, and enabled the body to assimilate sufficient food. As a consequence of the improved health, the amaurotic condition was cured.

CASE II. Jadhuh Chundur, aged 40, was admitted an in-patient into the Calcutta Eye Infirmary, on June 6th, 1856. He was ordered blue pill, infusion of cheyretta (the native gentian), and opium drops. The mouth becoming slightly touched, the mercurial was omitted.

June 30th. He now saw better in the left eye.

July 14th. He said he saw better 4 *annas*—i. e., four parts out of sixteen.

July 22nd. He saw better (one half) in the left eye; no better in right.

August 2nd. He had begun to improve also in the right eye.

August 27th. He saw three-fourths better in the left eye, and one-fifth better in the right. He was discharged relieved, in progress most probably to be cured.

REMARKS. Here the cause of the anæmic state of the system which is recorded has not been noted, unfortunately; but the effect of the combination of alterative and tonic treatment, in gradually restoring the powers of the system, is well marked.

CASE III. Meer Motee, aged 35, was admitted into the Calcutta Eye Infirmary on July 12th, 1856. He had amaurosis, principally in the left eye, with vertigo. He said he had been suffering about a year. Three days before it began, he ate some fish, in which he suspected that poison had been inserted by some one who wished to get his employment from him. He lost his appetite, became weak, and his sight gradually left him. He was ordered to have a blister applied, also a purgative, and laudanum drops.

July 16th (fourth day). He said he was better in the left eye.

July 21st. He was worse in the right eye. The blisters and medicine were repeated. He sometimes complained of seeing sparks of fire, and of his sight towards night being very defective. Gradual improvement followed; the scintillations became less; the sight improved in the right eye. The blisters were repeated, and tonic and iodine mixtures were ordered.

August 30th. About six weeks from admission, he was discharged, cured in the right eye, relieved in the left. The fair inference is, that he would have been cured in both eyes.

REMARKS. In this we could not get a very intelligible account of the nature of the poisoning process which the patient asserted he had undergone. Whether this was a real or imaginary cause, it was certain that the stomach was the organ primarily affected, that vision declined from his not being able to take enough food, and that the effect of appropriate treatment was to put him in the way of being cured.

CASE IV. Soomaroo, aged 24, was admitted an in-patient on September 9th, 1856. He saw dimly by day, and not at all after sunset. He was in a state of debility. Tonics were ordered.

September 20th. He was improving in the right eye.

September 27th. He was improving both in sight and strength.

October 1st. He said he saw quite well with the right eye.

October 13th. He left the Hospital, cured in the right eye, but with no improvement in the left.

REMARKS. No particular cause for the debility, which was evident, was given; but it is noted that his strength and sight improved contemporaneously. We can, therefore, only conclude that they were in the relation of cause and effect. It seems that he was nyctalopic, *i. e.*, he could not see at all after sunset; but, as his sight during the day had become much impaired, the case must be considered to be one of amaurosis, as, in true nyctalopia, the sight is quite good in the daytime, at least in the early stage of the complaint. Nyctalopic amaurosis is very common in India. We see numerous cases, particularly among the natives, in which there is the usual sign of amaurosis, a defective power of sight with even a bright light, joined to complete loss of vision when the power of the sun has declined; whereas in Europe, and among Europeans in India, the loss of sight during the day is as great, but there is very rarely, according to my experience, total loss of sight after sunset.

CASE V. Rogoo, aged 20, was admitted an in-patient September 18th, 1856, with amaurosis, principally in the left eye. He had been affected about seven months, having become much reduced by repeated attacks of dysentery. He was ordered tonic mixture, a laxative, and blisters.

September 25th. His sight was improved.

September 30th. He saw better by day, but not after sunset. His mouth was slightly touched by the calomel purgative.

October 14th. Sight was improving in the right eye only.

November 12th. He had continued to improve. He now saw features well with the right, and the numbers of objects with the left eye.

December 5th. He was discharged relieved, in process of being cured.

REMARKS. This case was particularly interesting, as the patient had become much enfeebled by attacks of dysentery; and, under appropriate treatment, began to improve almost immediately. In many of these cases, I have found a state of nyctalopic amaurosis, in which the evening sight did not improve at all, or not by any means in proportion to the day sight for a considerable period. The eyes, too, are sometimes affected to a very different degree; and one will often improve more than another, without any apparent cause for the difference.

CASE VI. Joroo, aged 22, was admitted an out-patient of the Calcutta Eye Infirmary on March 4th, 1856. He had had ophthalmia a year and a half previously. Before that, he was weak, having suffered from piles. He could distinguish numbers of objects, features, etc. He was troubled with sensations of sparks, etc.

REMARKS. The cause here was evident, *viz.*, the debility produced by the drain upon the vascular system caused by piles.

CASE VII. Robert Frank, aged 46, was admitted an out-patient on May 6th, 1856. He had suffered from impaired vision about a year. The last two years he had had diabetes, which had impaired his general strength much. He was under treatment for this affection at another hospital. He was ordered laudanum drops. He seemed to derive benefit from the stimulating drops.

REMARKS. A very evident cause for general debility was here present, *viz.*, diabetes, to which he had long been subject, and which had caused great exhaustion of vital energy. He derived benefit eventually from appropriate treatment for the diabetic state, and local stimulation to the eyes, his vision improving in a direct ratio with his general power.

CASE VIII. Bahadoor, aged 56, was admitted an out-patient on June 30th, 1856. He had been ill with dysentery above one year. He was feeble. He saw objects mistily.

July 12th. He was improving in sight and strength.

August 14th. The improvement was not progressive, and he was admitted an in-patient.

REMARKS. Long continued dysentery was here ample cause for the general debility which was apparent.

GENERAL REMARKS. The cases which I have grouped together under the head of amaurosis from debility form a portion of those which I found continually occurring in the practice of the Calcutta Eye Infirmary, among Europeans and natives, as a consequence of a generally debilitated state of the

system, this being brought on by some special cause, as exhausting discharges, etc., etc., which had generally been a long time in operation. This state of bodily debility was evidently the cause of the amaurosis, for in none was there any predisposition to eye-disease, nor anything to excite it; nor were the other parts of the eye at all diseased. The retina in all was in a state of want of nutrition, as well as the system; and it is very interesting to observe, that in the great majority of cases—in all, in fact—in which the disease of the eye had not existed a long time, the improvement of the powers of the system and of the vision went on *pari passu*: in all these cases, some improvement resulted; and in almost all there was every reason to think that a complete cure would be effected, where the patient had sufficient perseverance to proceed with the treatment. An observation of such cases will prove of the greatest importance, particularly as regards the prognosis. When we see cases of impaired vision depending upon such a state of the body as would naturally have caused a drain upon the circulation of the retina, and consequent loss of its nervous power, although this must necessarily affect the peculiar function of the part, and may have existed a considerable time (in some of these cases more than a year, the bodily disease having been in existence sometimes for another year anteriorly), we may predict with some confidence that there is every reasonable expectation that a cure may be effected.

As regards the treatment of these cases, the indications in most cases have been sufficiently simple, being—first, to endeavour to restore the normal condition of the blood, and the tone of the general system; secondly, to restore the tone and normal condition of the circulating system of the eye. These were fulfilled by the administration of tonics, local stimulants, mercurial preparations being occasionally employed as alteratives, preparations containing iron, iodine, etc.

[To be continued.]

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LOCK HOSPITAL.

TABLE OF CASES OF PRIMARY AND SECONDARY SYPHILIS TREATED BY CALOMEL FUMIGATION.

Under the care of H. LEE, Esq.

We had the opportunity, the other day, of seeing several cases at the Lock Hospital, under Mr. Lee's care, in which the plan of mercurialisation by means of the vapour of calomel had been used, and apparently with very gratifying success. We hope soon to lay details of some of these cases before our readers, in order more fully to illustrate the advantages which this method is supposed to have over those of inunction and administration by the mouth. Meanwhile we publish a table of thirty cases so treated, with which we have been favoured by Mr. Lee. The plan is used by him in almost all cases in which he conceives the administration of mercury to be indicated. The method of using the vapour, and the advantages which the plan possesses, are described in a clinical lecture by Mr. Lee in the *Lancet* for May 13th, 1857; and we are informed that his subsequent experience has confirmed the views then expressed. The method consists in placing the patient under a thick coverlet (macintosh or blanket) with a spirit lamp, over which is fixed a metal plate, on which the calomel is placed, and a vessel for hot water. Thus the vapour of the mercury is mixed as it is generated with the steam, and the quantity of spirit, calomel and water, is so regulated that the lamp goes out when the mercurial is consumed. The quantity used varies from five grains for a child to fifteen grains for a robust adult. The advantages which the plan is said to possess are, that it causes far less cachexia than the administration of the drug by the mouth, and can therefore be used in persons so exhausted by the syphilitic cachexia that other ways of giving mercury are contraindicated (a remarkable instance of this fact is quoted by Mr. Lee in the lecture above alluded to, and another is now in the Lock Hospital); that the mouth becomes more rapidly affected (as may be seen by the accompanying table), and therefore the constitutional effect is produced with more rapidity; that that effect is at the same time more mild and more manageable; and, finally, it may be possible that the direct application of the drug to the affected skin may act beneficially in cases of eruptions, etc.

We shall hope to return to this subject. The treatment has now been for some time under trial in numerous institutions, and, we believe, has generally answered the expectations of those who have tried it.