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[NEW SERIES.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

CALCUTTA EYE INFIRMARY.

ILLUSTRATIONS OF SOME OF THE CURABLE FORMS OF AMAUROSIS.

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III. AMAUROSIS FROM LOCAL CONGESTION.

WE now come to another set of cases, which still belong to the division of functional or curable amaurosis. These appear to originate from a more or less congested state of the retina; although many have symptoms very similar to those which arise from anæmia, their history almost always forbids our supposing that the retina could have been in an anæmic condition.

CASE I. Kafalludeen, aged 25, was admitted as an out-patient, on March 4th, 1856, with amaurosis, for which no cause was known. There was no cephalalgia nor constitutional disorder. The amaurosis existed only in the left eye. He said that the defect came on not gradually, but at once. It consisted principally in his not being able to see objects which lay directly before him; but he could see all those which were to his right or left. The pupil acted well.

March 8th (fourth day). After depletion and mercurial purgatives, he could now see straight before him; objects, however, appeared as if enveloped by a mist.

March 17th. The mist was daily becoming less dense; during the previous two days, he complained of *muscæ volitantes*.

He was not affected by small doses of mercury as an alternative, when he ceased to attend on March 21st.

REMARKS. Here no cause could be given for the impairment of vision, which was confined to one eye. The patient was strong and healthy; but the success of the antiphlogistic treatment in removing the obstacle to sight, which evidently rested in the central part of the retina, seems to show that there must have been a portion at least of that membrane, if not all, in a state of hyperæmia. That it was not very considerable, although sudden in its origin, was rendered probable from the fact of the pupil of the affected eye being as active as the other; the partial congestion not being enough to counteract the natural sympathetic action of the two irides.

CASE II. Henry McGinnis, aged 20, was admitted as an out-patient, on March 31st, 1856, having amaurosis with diplopia. He saw every object as through a dense fog, and was much troubled with double images. He had had fever and delirium tremens, within the previous three months, from excessive drinking. In ten days after the attack, the diplopia came on. He did not continue his attendance.

REMARKS. In this case, there must, no doubt, have been a peculiar state of irritation of portions of the brain with which the optic nerve is connected; but it is fair to presume that this state of irritation was connected, either as cause or effect, with a local hyperæmia.

CASE III. Baneer, aged 20, was admitted as an out-patient, on June 18th, 1856, with amaurosis. He saw any bright light as a confused round mass. He could read by day, and also in the evening, but for a short time only; and letters even then were much confused. He soon became tired. He had been in the same condition for six months. No cause was known.

He said he was quite strong. Blisters and blue pill were prescribed.

July 1st. His mouth had become tender.

July 8th (twentieth day). Sight had begun to improve. When reading, letters appeared clearer, and he could continue at it a longer time.

July 30th. He continued to improve, and ceased to attend, being relieved. The natural inference was that he might be cured.

REMARKS. In this case, as in the last, we find our chief motive for judging that the retina was in a state of congestion, from the effect of treatment, which was alterative and mercurial. This treatment gradually, it may be presumed, brought about a resolution, as it were, of the hyperæmic state of the membrane.

CASE IV. Mrs. Stewart, aged 50, was admitted as an out-patient, on January 10th, 1857. There was amaurosis with diplopia in both eyes, when she looked straight forward; when she looked downwards, she saw singly; with either eye she saw singly, and with both equally well. She saw worse by strong light. Vision improved in the evening. She stated that she was well until forty days previously, when, after retiring to rest perfectly well, on awaking in the morning she found this double vision. The last four months she had been weak, and subject to palpitations. Blisters and a calomel purgative were prescribed; and five days afterwards decoction of bark.

January 17th (seventh day). Her sight improved. The tonic and counterirritation were continued. She was improving when she discontinued attendance.

REMARKS. Here also we are assisted in our attempted diagnosis of the case very materially, by observing the effect of treatment, which was alterative and tonic, and soon effected benefit. The sudden and severe accession of the symptoms preclude our attributing them solely to a generally debilitated state of constitution, and the partial nature of the loss of function of the retina to a paralysed state of that membrane.

CASE V. Neestareenee, aged 9, was admitted as an out-patient, on February 29th, 1856, with amaurosis. He had had no sight whatever during the previous two months. During the previous five months, he had had symptoms of hydrocephalus, which, after existing in an acute state for fifteen days, produced insensibility: this lasted half an hour, and the fits recurred daily, or twice a day. Sight became gradually impaired. The appetite and strength were good at the time of admission.

After March 3rd, he ceased to attend.

REMARKS. This case might perhaps have been inserted among the group of cases attributable to a special cachexia; but as I find it noted that the strength and appetite were good, notwithstanding the diseased state, which might have been expected to cause great general debility; and while at the same time the functions of the retina were much impaired, it seems more appropriate to class this among the cases in which the affection is principally local. There was a very decided cause for any amount of congestion, or in fact of either functional or organic disease of any portion of the nervous apparatus of the body. Unfortunately, the future history of the case is unknown; but as the brain affection had not apparently impaired the general powers of the system, we may conclude that probably the local affection, which was more immediately depending upon the special exciting cause in the nervous centres through the agency of sympathy or continuity, was of a temporary nature, and therefore curable, provided that proper remedial measures had been adopted and continued.

[To be continued.]

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