CALCUTTA EYE INFIRMARY.

SEVERE INFLAMMATION OF THE GLOBES CAUSED BY SUPPRESSION OF THE MENSES.

By WILLIAM MARTIN, Esq., F.R.C.S., late Superintendent of the Infirmary; and Professor of Ophthalmic Surgery in the Calcutta Medical College.

SOWADEEMEENEE, a respectable native female, aged 16, was admitted into the Calcutta Eye Infirmary, as an out-patient, on March 26th, 1856. She stated that she had suffered during about a month, from pain in both globes and circumorbital regions, with much intolerance of light, a distressing feeling of tension, particularly in the left eye, etc. There was some hardness of the left globe; the right was of nearly natural consistence. In both, there was obscurity of the cornea and iris. The pupils could not be seen to act naturally. The anterior half of the left globe was unnaturally prominent. There was some conjunctivitis. The sclerotic zone was partial in the right eye; complete in the left. The aqueous membrane was hazy. Vision was very indistinct. She saw features with the right eye only; with the left she saw large objects indistinctly between her eye and the light. She stated that there was nothing to which she could attribute the invasion of the disease; and that her health was good.

Upon the supposition that the cause of the disease was cold or damp, or such as would be likely to induce aquo-capsulitis or hydrophthalmia, she was treated by active antiphlogistic remedies, leeches, blisters, purgatives; then by a little blue pill, and a mixture containing iodine and iodide of potassium, internally.

Some improvement took place; but there remaining after eight days a distressing sensation of tension and fulness about the eyes, particularly the left, both corneae were punctured near the sclerotic junction with a cataract-knife, and a quantity of aqueous humour was evacuated. Some relief was experienced from this, but the inflammation still remaining, local depletion was again used, and mercury given, with a view of affecting the system; at the same time the iodine was discontinued.

April 17th. The mouth became slightly affected. A slight further improvement again took place, but there still remained much tension, obscurity of the tumour, with marks of sclerotic inflammation. The plan of mild depletion and counter-irritation was continued: still no marked improvement took place. The left eye became rather more prominent. It now appeared from a closer investigation, during which the woman, speaking with reluctance of her bodily state, admitted that she had not menstruated for above eight months, that this condition was the only probable cause of so obstinate an affection.

May 8th. She began to take a mixture containing aloes, sulphate of iron, and gentian; a few days afterwards, calomel was given in addition, and she was directed to use nightly a hip-bath, containing mustard. The mouth became slightly affected, when the calomel was omitted from the tonic medicine. There was now a decided, although small, alleviation of the symptoms: she began to see the features of a person, as if through a thick mist, with the left eye, and tolerably well with the right; there was still, however, much tension, intolerance of light, lacrymation, and obscurity of the internal parts of the eyes.

June 7th. The case appeared stationary; the calomel had produced a slight effect for a few days; after which, there occasionally took place an aggravation of the symptoms. No menstrual discharge had appeared. The right globe was normal in shape. The left was unnaturally prominent. Attenuation of the sclerotic near the corneal junction was to be expected. The tonic medicine was continued, and calomel added, as before. In a few days the mouth became tender; about the same time, the prominence of the left globe and the feeling of tension in both began to diminish.

June 20th. At this date, the system became a second time affected by the mercurial; the menses reappeared, after about ten months cessation. From this time she reported that her sight had become much more clear, and that the feelings of tension no longer existed.

June 24th. There were no signs of inflammation present, and but little prominence of the left globe.

June 30th. No prominence of either globe was visible. Sight was much improved. The pupil was much less misty.

The tonic medicine was omitted; occasional counterirritation only was applied. She was now in progress to be cured.

REMARKS. This case was peculiarly interesting, as the cause of a most severe and distressing inflammation, which was very obstinate, and threatened total disorganisation of the eyes, was for a considerable time not to be ascertained; and it is, I believe, very rare to find such serious effects arising from the only cause which subsequent inquiries proved could be reasonably assigned in this case—namely, suppression of the menses. The patient, a native female, in a respectable sphere of life, was exceedingly indisposed to answer any questions about her bodily condition; consequently, the disease was referred to the ordinary causes of inflammation, predisposing and exciting. There was nothing in her appearance to indicate any special cachexia or constitutional tendency to any particular form of ophthalmic inflammation. It was only when the obstinate nature of the malady became evident, that a more minute examination into the state of the menstrual function was thought necessary. It then appeared that a total cessation of it had taken place for about eight months; it was therefore naturally concluded that this abnormal condition of the all-important function, in the absence of any other cause, was the only probable solution of an otherwise unaccountable case. A considerable time elapsed still before any marked improvement resulted. It was evident that as long as the special constitutional ailment lasted, no material alteration for the better would take place, and that the treatment, which was adapted rather to remove the general than the local disease, would only be palliative as regarded this local affection; it became probable that unless a healthy condition of the menstrual function could be brought about, total disorganisation of the eyes would result. Slight mercurial action, combined with a tonic treatment, seemed to have a favourable effect upon the local disease by producing a slight alleviation of symptoms; but the improvement was not progressive, and the menses still did not appear. The alterative and tonic treatment, which was continued, not producing any marked effect, and local disorganisation becoming daily more imminent, calomel was tried a second time; and fortunately, very soon after the second mercurialisation, the menstrual function was restored; and it may be presumed, as a result, of a perseverance in the stimulating treatment, and more especially in the use of mercury. This was followed by a rapid improvement in the vision and in the condition of the eyes; and at the last report, there was every chance of a permanent cure being obtained. This case, besides possessing several points of interest, shows the absolute necessity of our looking out, in all obscure cases of eye disease, for some constitutional derangement as the real cause. We shall often find, as in this case, that a morbid condition, which might be looked upon as a remote or predisposing cause only, is quite enough, without any special exciting cause, to keep up the disease; and that we must direct our attention principally, if not solely, to remove that condition; and that, until that is done, no treatment of the symptoms merely will suffice to cure or to give effectual relief to the disease: in fact, we must look upon the local symptoms just as we would in a case of small-pox, or the ulceration of secondary syphilis, etc., as merely a local manifestation of a constitutional disease.

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Original Communications.

ON DISEASES OF JOINTS.

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VII.—DISEASES OF THE SPINE.

THERE are two morbid conditions of the vertebral column to which I would call attention, as deserving more careful consideration than has heretofore been bestowed on them.

1. Excessive pliancy or mobility of the spine.
2. Excessive rigidity.

1. Of the former we unfortunately possess few pathological specimens to illustrate its causes. It occurs for the most part in growing young girls of light complexion, blue-coloured eyes, auburn hair, and often of precocious intellect; the menstrual function is tardy and insufficient; there is general want of