EXCEPTIONAL CASES IN OPHTHALMIC PRACTICE.

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MR. JONATHAN HUTCHINSON has on more than one occasion set an example which may, I think, be followed with advantage by publishing some unusual cases which had occurred in his surgical career.

In the following list, taken from my notebooks, I have included only those cases which have resulted from an accident, and I have purposely omitted cases of gunshot wound in the eye, for they are unfortunately so numerous that the term exceptional could not be correctly applied to them.

The first case is that of a boy, aged 9, who was brought to me by Dr. Martin, of Somer's Place. About an hour before I saw him the boy had fired a toy gun, and a portion of the copper gun cap, which was evidently of very inferior manufacture, had penetrated the left eye. The appearance presented was most peculiar, for the fragment entered at the corneo-scleral margin, and passed twice through the iris, in which delicate muscle it remained *in situ*, forming what a well known artist would probably have designated "an arrangement in blue and yellow." The child had fortunately not taken food for some hours, so that an anæsthetic was administered without delay, and, having slightly enlarged the wound, I carefully seized the portion of iris which included the metal, drew it out of the eye to such an extent that the recoil of the severed ends would carry them beyond the margin of the wound, and

excised it. I was naturally apprehensive that the jagged fragment of metal might have wounded the lens either during its entry or exit, and I was much relieved to find that no such catastrophe had occurred. The patient made an excellent recovery, and the vision of the injured eye was but slightly impaired. The boy was kept under careful supervision for some months, as the lacerated nature of the original wound made me fear the possibility that sympathetic ophthalmitis might supervene in the uninjured eye.

The second case was that of a lady, aged about 60, who was staying at Malvern under the care of Dr. Pike. The patient possessed a favourite cat, who had for some time assumed the matutinal responsibility of awaking her mistress. This she accomplished by gently stroking her face with a claw-sheathed paw. On the morning of the accident the lady had been induced by pussy to open her eyes, but, wishing to see what the animal would do next, she had instantly closed them again. A moment afterwards she felt one of the cat's claws in her left eye, and, instinctively drawing her head on one side, the conjunctiva was badly torn from the corneal margin to the extreme edge of the lower lid. As the wound united adhesion occurred between the lacerated surfaces of the ocular and palpebral conjunctiva, causing partial symblepharon and crossed diplopia. I separated the adhesions freely with a pair of blunt-pointed scissors, but partial union occurred again and again, and it became necessary to repeat the operation on four occasions before the lids were completely disunited, and perfect freedom of movement was restored to the eye.

The third case was that of a gentleman, well known in sporting circles, who was the owner of a very handsome collie dog. This animal, like the member of the feline species mentioned in the last case, had assumed the self-imposed office of awakener, and on the morning when I was hastily summoned to my patient the dog had, doubtless quite unintentionally, drawn one of his claws somewhat forcibly across the cornea of his master's left eye. I shall not easily

forget the intense suffering of the patient, who, when I arrived, was writhing in great agony upon the hearth rug, nor the mingled expression of bewilderment and contrition on the face of the canine culprit. I had a few days previously received from Paris my first sample of cocaine, for which I had paid a ruinous price, and I shared the astonishment of the patient when, after three applications of the invaluable local anæsthetic he was able to sit up free from pain, and to allow me to make a careful examination of the wounded eye. I found that the dog's claw had made a long, deep, horizontal furrow in the cornea, and the patient had to pass some days in a darkened room.

The fourth case was that of a young architect who received a severe injury to his left eye in the following singular manner. He was seated at a table taking some luncheon, in the refreshment room of a small railway station, when a glazed advertisement frame suddenly fell from the wall on to the opposite side of the table, and a large fragment of broken glass inflicted a severe wound on the cornea of his left eye. I did not see the patient till ten days after the injury, when I found that despite the immediate and judicious use of atropine by the medical man who was called in, a portion of iris had been drawn into and had become adherent to the wound. The recovery was tedious and protracted, and in addition to the anterior synechiæ there was a considerable amount of irregular traumatic astigmatism, causing permanent damage to sight. An action-at-law resulted, and the plaintiff obtained substantial damages from the proprietors of the refreshment room on the ground that as these gentlemen derived profit from the exhibition of the advertisement frames, they were bound to exercise every possible precaution in hanging the latter securely, and in the present instance it was proved that the cord used had been purchased at a small shop in the neighbourhood, and was of an inferior quality to that which the firm had hitherto employed for this purpose. It had become frayed and worn with unusual rapidity, and the vibration caused by a passing express train had severed the last strands on which hung alike the advertisement frame and the fate of the plaintiff. On the village shopkeeper, from whom the material had been purchased, being put into the witness box he described the article in question as "blind cord," and Mr. Lockwood, Q.C., could not resist the retort that it was well named, seeing that it had been the cause of serious injury to a man's sight.

The fifth case was that of a middle-aged gentleman who, when I first saw him, had been for some weeks under medical treatment in a dark room, and who was apparently suffering from a small but extremely irritable corneal ulcer. The photophobia was intense, and the eye was so painfully sensitive that it was impossible to make a satisfactory examination, and, as I found after the lapse of a few days that the usual remedies were of no avail, I persuaded the patient to submit to an anæsthetic. On carefully inspecting the ulcerated surface I noticed a very minute substance projecting from its centre; this, on closer examination, proved to be a small pointed fragment of a child's finger-nail, and the patient then recollected that his six months old baby had touched his eye with her hand just before the inflammation had commenced, but he had not associated this circumstance with the ophthalmic trouble.

The sixth case, which can be very shortly described here, but which involved a tedious recovery for the patient, was that of a gentleman, aged 35, who went to a railway station to welcome the return of his eldest boy for the Midsummer holidays after a first term at school. In the exuberance of his joy the lad sprang from the railway carriage into his father's arms, and the serrated edge of his straw hat inflicted such a severe wound on the cornea of his parent's right eye that the eagerly anticipated summer vacation had to be passed in the gloom of a darkened chamber. Cocaine was at that time undiscovered, but the patient derived much relief from a remedy which I have always found extremely useful in cases of severe corneal abrasion—the decoctum altheæ. It is prepared from the dried root, and should be used tepid or warm. A small quantity only should be made, as the decoction does not keep longer than three or four days.

The seventh case is one of a group, and has therefore less claim than the foregoing to the term exceptional, but at the time the first accident of this nature occurred I certainly re-

garded it as of rather an extraordinary character. Some few years have now elapsed since the mode of wearing fringes of hair over the feminine forehead became fashionable, and nearly a decade has passed since I was hastily summoned to a lady who had accidentally burnt the cornea of one of her eyes with a pair of curling tongs. On separating the eyelids I found such an extensive white eschar occupying the centre of the pupillary area that I gave a very doubtful prognosis, but to my great relief the cornea regained its transparency in less than a week, showing that the burn was very superficial and had involved little more than the epithelium, though it was evidently in more senses than one a touch-and-go affair.

Since then I have had four similar cases, and I have ascertained that the accident always occurs in the following manner: In removing the curling iron a few stray hairs occasionally remain caught between the blades; the lady involuntarily turns her wrist in order to detach these, and the extreme end of the heated iron is thus for a brief moment brought into contact with the anterior surface of the eye; "*hinc illæ lachrymæ*."

In one only of the five cases has there been any permanent blemish. The accident in the eighth case was a very sad one, for it involved the sudden and complete loss of an eye in a bright handsome lad, aged 16. I was urgently summoned to Eton on a Sunday morning, and found that on the previous afternoon the patient had played his first game of racquets, and, being ignorant of the possible dangers, had omitted to keep his racquet in front of his face at a critical moment. He had received a crushingly severe blow on the right eye from the small hard ball, and the globe was instantly ruptured. Nature has, in the bones of the orbit, provided a fairly sufficient protection from the blow of a cricket ball or the fist of an inebriated husband, but a racquet ball finds the eye practically defenceless. In the present case the sclerotic had been extensively ruptured, a large quantity of vitreous had escaped, and the eye had almost collapsed. There was of course no alternative but immediate enucleation. I was much pleased with the forethought shown by the boys who were present when the accident occurred. They were four in number, and, after a brief consultation, they decided that one should go for a doctor, a second should return to the house to have all in readiness there, the third went for a conveyance, and the fourth remained with the injured boy.

The two cases with which I propose to conclude this short paper have already found mention in the *Transactions of the Ophthalmological Society*: but they are of so unusual a character that I venture to give them brief record here. A lady consulted me about twelve years ago respecting a painful shrunken globe which had been severely inflamed for more than a year, and was already threatening the safety of her sound eye. I had no hesitation in strongly urging the immediate removal of the peccant organ, and, on proceeding to perform the operation, as I attempted to divide the optic nerve with a pair of curved scissors, I was aware of some hard substance which prevented the blades from closing. This proved to be a small metal dart about an inch in length, with a tuft of coloured wool attached to its thicker extremity, the thin pointed end having penetrated some distance into

the orbit. The patient's husband, who was present, shared my astonishment, and volunteered the following explanation: he said that about fifteen months previously he and his wife had amused themselves during a tedious railway journey with the child's game—always a very dangerous and objectionable one—of puff and dart. On one occasion, after he had blown a dart rather forcibly, his wife exclaimed, "Pray be more careful, for I fancy you grazed my eye," and on touching the latter with a handkerchief a faint bloodstain was perceptible. They associated the subsequent inflammation and loss of sight with this blow, but had not the slightest idea that the weapon had absolutely buried itself in the wounded organ.

The concluding case is that of a well-known actor now deceased. He was sustaining the part of "Richard III" at Drury Lane Theatre, and had reached the final desperate combat which precedes the fall of the tyrant and of the curtain, when the actor who played the part of "Richmond," carried away by the excitement of the moment, entirely forgot the well-rehearsed details of the fight, and suddenly delivered an upward thrust when he ought to have made a downward cut. The actor, though he had throughout his career been celebrated for his skill in making points, on this occasion failed to take one, and received a severe flesh wound in the face involving the left eye. I did not see him till he was almost convalescent, and I then found that the weapon had driven an eyelash into the anterior chamber, whence I had considerable difficulty in extracting it, but, wonderful to relate, had failed to wound the lens, and the actor had thus performed an operation which, if a similar instrument had to be employed, might well have baffled the skill of the most experienced among ophthalmic surgeons.

ON AN EPIDEMIC SKIN DISEASE.

[WITH A COLOURED PLATE.]

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THE following are the notes of the cases as they were taken from day to day at the bedside of the patients. Notes which have no possible connection with the eruption have been omitted for the sake of brevity. The coloured plate is from a sketch made during the height of the first relapse. It shows well the second stage of the eruption, the crimson indurated state of the skin, so great in the eyelids that they cannot be opened, and the loose flakes which cover it.

CASE I. (See coloured plate). *Morbus Coxæ*; complicated by *Epidemic Dermatitis*, attended by *Profuse Eruption* and *Purpuric Spots*—J. G., aged 71, a gardener, admitted July 16th, and still in the Paddington Infirmary. Family history presents nothing of importance. Previous history: Four years ago was in the infirmary for four months with an attack of gout in the left hand, determined by injury; no other previous illness. Present illness: One month ago put on a damp shirt; next day found his right hip painful and stiff. On admission he was found to be suffering from inflammation of the right hip joint. Physical examination of organs revealed nothing abnormal. Urine, specific gravity, 1016; alkaline; no albumen; no deposit. Temperature normal. July 17th: Ordered beef-tea diet; terebinth. Chian., gr. i, in pill, which he took till about August 13th. 24th: Diet changed to meat. 31st: Has improved considerably in his power of walking; gets up in the evening. August 14th (first day of eruption) Slight redness and furfur on forehead, left ear, and left side of neck; is very irritating. 18th: Ordered ung. zinci to face, skin of which now shows considerable thickening; oedema round eyelids. 21st (eighth day): Feels better, but face is the same. Pulse 90, fairly regular. 28th: Face the same, no rash elsewhere. Ordered lotio calaminæ. September 4th (twenty-first day): Forehead red and desquamating. A good deal of seborrhœa capitis. Slight papular rash on right shoulder, points of papules desquamating mostly without becoming vesicular, but sometimes they show vesicles. 11th: Face in statu quo. Eruption has not involved other parts than face, neck, ears. Ordered lot. creolin. 14th (thirty-first day): Diet altered to beef-tea. October 9th (fifty-sixth day): During the past few weeks matters have remained much the same, the thickened crimson surface continually shedding its epidermal layer. Eruption confined to upper part of body, face, and trunk; a little now appearing on upper arms, posterior surface. Urine acid, clear, 1012; very faint trace of albumen. 21st (sixty-eighth day) Hair thinning. Face a little better; raised scaly patches round neck. Ordinary exuding and scaling flat patches on left upper arm, size of a five-shilling piece and larger. Very much itching. Legs not affected. 23rd: The eruption now looked something like ordinary vesicular eczema in patches, forming crusts, only there is much more thickening of the skin on neck and face, both upper arms right and left, and behind right knee, also in right groin. 28th: Urine 1012, acid, clear, no albumen. Ordered ung. creolin. October 29th: Relapse on face. Swollen. Copious exudation from forehead, cheeks, and ears. Vomited this morning. Extreme loss of appetite, but asthenia not so marked as in some cases. Temperature, morning, 98.6° F.; evening, 99.4° F. 30th (seventy-seventh day) Very free exudation from both upper arms, face and neck, groins. Some patches down back, and scattered over front of body. Contents of vesicles are semipurulent. None on feet. Patient has muco-purulent conjunctivitis. Face and left arm swollen and skin thickened wherever the blotches are. Acute crop of vesicles on thighs; few on legs. Ordered whisky 5j. Treatment: Ordered pulv. amyli 2 parts; zinci oxidi 1 part to exuding parts. Appetite little better to-day. Face feels smarting, "jumping and hot." Temperature, morning, 98.8° F.; evening, 99.4° F. November 3rd: Sour smell from patient very distinct. Temperature last evening, 102.0° this morning, 98.4°. The blotchy character is still very marked; many fresh blotches have appeared, each one independent of the other. Ordered lot. sodii bicarb. gr. ij to 3j for eyes. 4th: Coloured sketch made to-day, eighty-second day of eruption, showing first relapse at its height