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CENTRAL LONDON OPHTHALMIC HOSPITAL.

OBSTRUCTED LACHRYMAL DUCT: IMPORTANCE OF CONSTITUTIONAL TREATMENT.

Under the care of HAYNES WALTON, Esq., Surgeon to the Hospital.

[Reported by MAURICE DAVIS, M.D.]

MR. WALTON, in his work on the Eye, writes:—"I regard this affection as generally of a scrofulous origin; for not only does the state of the patient's health frequently declare the fact, but the local manifestations of struma are very often coexistent. The common occurrence of symmetrical disease, both tubes being involved, is likewise significant of this. Prostration of the system may induce it, and in children, the severer exanthemata are occasionally precursors."

A very short attendance at an ophthalmic hospital, with a large out patient department, will enable one to verify the correctness of these practical observations. It is a common custom with Mr. Walton, in order to impress the fact on students, to point out the evidence of constitutional complication. Very often, when to superficial observation an exception would seem to occur, an examination under the bonnet strings has disclosed enlarged glands, or scars of abscesses; or, a glance into the mouth has discovered greatly enlarged tonsils; and a still further scrutiny has opened up other evidence.

With this recognition of defective nutrition, the necessity for general treatment is self-evident. But more is required; and, as Mr. Walton expresses it, in the majority of cases that are under his care, constitutional means are required to conquer the cause of the local disease, and some mechanical measure is demanded to dilate the narrowed channel, or to open it when completely occluded.

Among the poor, advice is not usually sought till the local affection is far advanced; hence opportunities are not common where constitutional means without dilatation will suffice; but we have been able to watch two cases out of some so treated, in which with topical applications the best results ensued.

A feeble and overgrown girl, 14 years old, was brought to the hospital because of "watery eyes," which were made worse by exposure to cold winds. The annoyance was said to have existed five months. Very cold extremities, want of appetite, very feeble circulation, and some enlarged glands under the jaw were the general symptoms. To casual observers, the eyes did not exhibit disease, the eyelashes were clean and dry. However, when the lachrymal ducts were pressed on, regurgitation of tears showed that obstruction existed; and the admixture of a little glairy fluid gave assurance of the slight degree only in which the mucous membrane was affected. Here was evidently the first stage of the disease. The right side was the more implicated. The patient was instructed how to discharge the tears and mucus, and directed to do this little act on rising and on going to bed, and during the day. Once a fortnight a small blister of the size of a fourpenny piece was applied a little below the edge of the lower lid, over the situation of the duct. A few drops

of a lotion of iron alum were dropped on the inner corner of the eye twice a day. This was done on both sides. Iron and quassia were prescribed. The wearing of flannel, daily exercise, and full diet, with beer, completed the treatment. It would be quite useless to transcribe the notes taken from time to time. Improvement was very soon manifest. In two months, tears alone, and in a lesser quantity, escaped from the duct on the right side; on the left, the glairy secretion had much lessened. The general appearance of the girl was better. In six months, there was not a trace of any local derangement. The functions of the excretory lachrymal operations were perfect, and pressure on the ducts failed to produce any regurgitation.

Those only who are acquainted with these affections, and who are therefore aware of the certainty of their getting worse, and of their resistance to the usual means of treatment, which, for the most part, is local only, can fully appreciate this result in a period which may appear long to the general reader.

The second case differs from the first in the subject of it being an adult who was enfeebled from prolonged lactation, and in one eye having been affected, and to a greater degree. The same rules were followed, and in five months she was dismissed cured.

Mr. Walton has little if any faith in the advantage of blistering at a distance, to produce metastasis; but he is a staunch believer in the value of irritation directly over an inflamed part, in certain instances, of which the cases in question are examples of the class. The common practice of leeching the skin over the duct periodically he has discarded, after much trial, as ineffectual; and may it not be injurious because it is depletion? Neither does he employ the punctum probe; and his argument, which is to the effect that, so long as neither the puncta nor the canaliculi are contracted (and he never finds them so affected, but mostly dilated), it cannot possibly be of any service so far as these channels are concerned; and any effect of dilatation of the duct itself with such an instrument is quite impossible.

This is the plan of the treatment ordinarily adopted by Mr. Walton when he meets with disease of the duct in the early stage; and, when we add syringing through the punctum, we include all. There does appear to be virtue in the use of an astringent lotion thrown in by this appliance twice or thrice a week when the glairy secretion abounds. He employs a small syringe, with a tube sufficiently fine to be readily entered in the majority of cases, and passes it through the lower canaliculus. Very little practice is required to enable one to do this with ease and efficiency. When, as sometimes happens, the punctum does not readily admit the syringe, as a preliminary measure he introduces the smaller end of his punctum probe, and occasionally he finds it requisite to pass the larger also, to produce sufficient dilatation.

In order to be more emphatic respecting the effect of constitutional treatment, we conclude with a valuable quotation from the volume above alluded to:—"To impress the importance of the influence of health over the local disorder, I may mention that I have seen a very marked case of obstruction that got well by a change of climate alone. A scrofulous youth was brought to me with symptoms that left no doubt of the obstruction of the tube; but abscess had not supervened. The lower lid was partially everted, and a constant discharge of secretions from the lid and the tube had excoriated the cheek. Eighteen months in the

West Indies established his health; and, with the disappearance of glandular swellings about the neck, the tube regained its patent condition." (p. 213.)

In our next report, we propose to give some cases in the advanced stage of disease, illustrating the necessity for dilatation.

LIVERPOOL NORTH DISPENSARY.

REMOVAL OF HÆMORRHOIDAL TUMOURS BY THE ÉCRASEUR.

By A. T. H. WATERS, Esq., Surgeon to the Dispensary, and Lecturer on Anatomy and Physiology at the Liverpool Royal Infirmary School of Medicine.

IN the last number of the *Medical Times and Gazette*, an article appears, written by Mr. Spencer Wells, on the use of the *écraseur*. Having lately had an opportunity of using the instrument, I am induced to publish the results of the operations I have performed. I operated last week on the following cases.

CASE I. A man suffered from an extensive growth of internal hæmorrhoids, forming a complete bunch round the margin of the anus, when protruded from the gut. The patient had lost a good deal of blood from time to time, and was in consequence much reduced. Chloroform having been administered, and the piles seized by a vulsellum, the chain of the *écraseur* was applied, first to one portion of the mass, and subsequently to a second portion. In about three and a half minutes the separation of each morbid growth was effected. There was slight bleeding at the time, but it very soon ceased, and there was no recurrence. The patient has progressed without a single unfavourable symptom, and is now convalescent. The freedom from pain and irritation after the operation was remarkable.

CASE II. A woman suffered from internal hæmorrhoids, and a prolapsed condition of the mucous membrane of the rectum. Chloroform was again used. The diseased structure was removed by two applications of the instrument, being first seized and pulled down by a vulsellum. Only a few drops of blood were lost.

For some time previous to the operation, the woman had suffered from excessive irritation of the bladder, being obliged to pass water four or five times every hour, the attempts being accompanied with great bearing down of the rectum. After the operation, although told to keep perfectly quiet, she got up several times in the course of a few hours to pass water, and there was much straining of the rectum; a small quantity of blood was lost, but only a small quantity, and the hæmorrhage soon ceased. An opiate which was ordered for her was accidentally omitted, or this might possibly have been avoided. The small amount of hæmorrhage that took place during such violent straining efforts, proves how effectually the instrument strangles the vessels. The patient has progressed without an unfavourable symptom, the pain has been very slight, and the irritation of the bladder less than before the operation.

Both these patients were operated on, in the presence of my colleagues, at the Dispensary.

The instrument I used was one manufactured by Luer. It is worked by a screw, and the chain which divides the structures to be removed, is gradually drawn into a cylinder, through which the chain runs. Two links, opposite each other, are simultaneously withdrawn; each link is about the third of an inch long, and it requires twenty-six revolutions of the handle which turns the screw to shorten the chain to the extent of a link. The screw is, I think, an improvement on the ratchet and pinion movement, with which some of the instruments are made, as by its means the tumours can, more gradually and without any sudden shortening of the chain, be removed.

The term *écraseur* seems to me less applicable to the instrument than *étrangleur*.

Luer's instrument is more expensive than one on the

same principle made by Charrière; but having examined both, I believe one is equally good with the other.

Before operating on the above cases, I removed the thigh of a rabbit with the instrument. There was no hæmorrhage; the muscles were cleanly divided; but the skin was dragged into the interior of the cylinder by the chain. There is a chance of such an occurrence, in using the instrument on loose mucous membranes, but it is of little moment.

Having used chloroform in these cases, I am unable to speak as to the amount of pain the instrument causes; but with reference to its value, as far as I can judge, it is likely to supersede the use of ligatures and the knife, for the removal of internal and external hæmorrhoids, and some tumours in other situations; but of its applicability to some of the cases, in which its inventor has used it, I should entertain serious doubts.

LEEDS PUBLIC DISPENSARY.

TRACHEOTOMY FOR THE EXTRACTION OF FOREIGN BODIES.

By CLAUDE WHEELHOUSE, Esq., Surgeon to the Dispensary, and Lecturer on Anatomy, Physiology, and Pathology, in the Leeds School of Medicine.

CASE I. During the night of September 28th, I was called to see John Hartley Robinson, aged 5½ years, who, during the preceding day, had been amusing himself by making a whistle of a plum-stone. He had ground down the sides of the stone, and then perforated it through the middle, so that when held between the lips, the air in passing through the hole would cause a whistling sound. Whilst playing with it, it had slipped from between his lips, and during a deep inspiration had been carried into the throat. He was immediately seized with great difficulty of breathing, came home, related what had happened, and the parents sent to the Dispensary to procure assistance.

Mr. Rump, one of the resident pupils, went on to see him, and found him in a state of great alarm, his respiration being hurried and thick, and accompanied by a loud wheezing, almost whistling sound.

A finger was passed as far as possible into the throat, to ascertain whether the stone remained within reach, but nothing could be felt. Swallowing was effected without difficulty. An emetic was prescribed, vomiting was to be freely encouraged, and a promise given that he should be seen again shortly.

8 P.M. He had vomited freely, and was somewhat relieved. A purgative powder was prescribed, and the parents were desired to come up to the Dispensary if the symptoms returned in their former severity. This they did in the night, and I was then requested by Mr. Rump to see him.

I found my patient laid upon a sofa, and breathing with difficulty. He complained of no pain, but said he could feel a lump at the top of the sternum. Respiration was accompanied by a loud laryngeal whistling sound. There was no pain either in the larynx or trachea on manipulation, and I could not feel anything like a foreign body in the latter. On applying the stethoscope over the larynx, the whistling sound was very loud and plain; but I could hear nothing like the motion of a foreign body as affected by the air. Tracheal respiration was rough and fainter than natural. Air entered the right lung freely; the left less so. Both sides of the chest were fully resonant on percussion. The countenance was anxious, and there was a little dusiness about the eyes, which were heavy and dull. The skin was cool, soft, and bedewed with perspiration; the pulse compressible and free, and not accelerated in frequency; the lips were of a good colour, and as also were the nails both of the hands and feet. The child could talk well, and told me how the accident had happened.

I was satisfied that the stone had found its way into the respiratory apparatus, and I believed it still to be lodged in the larynx; under this impression, I passed my finger