PROVINCIAL MEDICAL & SURGICAL JOURNAL.

A COURSE OF LECTURES ON CLINICAL MEDICINE.

By W. R. BASHAM, M.D., Physician to the Westminster
Hospital.

LECTURE VIII.

Case of Ptosis, symptomatic of cerebral disease: History of the case, treatment, and convalescence.—Difference in the characters of ptosis as an affection per se, and as a symptom of more remote disease. Loss of power in the second, third, and branches of the fifth and seventh nerves.—Condition of the parts to which these nerves were distributed; extent of the local paralysis; reasons for referring the origin of the attack to apoplexy. Progress of the treatment, and present condition of the patient.

Gentlemen,—The case of ptosis of the left eye, with partial paralysis of the retina, loss of mobility in the iris, and of sensation in the nerves distributed to the scalp of that side, with subsequent exaltation of sensation, is of much interest, of rare occurrence, and very instructive as regards the therapeutic action of the remedies employed. The man was discharged last week convalescent. The history of the case declares the disease to have been in its origin caused by some local injury occurring at the base of the brain, after the manner of an apoplectic attack, and involving the optic nerve and branches of the third, fifth, and seventh.

A. B., aged 49, married, a labouring man, of short stature and dusky complexion, complained of acute paroxysms of pain confined to the left half of the scalp and neck, also dropping of the left eyelid, with darting lancinating pain in the ball of that eye. He was placed in Burdett ward. About fourteen days since, while sitting at the fire he suddenly fell from his chair insensible. He was immediately bled by a surgeon who was quickly in attendance; before a pint of blood was drawn sensibility returned, and he then became conscious of the closure of the left eye, with loss of vision in that eye, and a numbed sensation in the scalp. There was no paralysis of any other organ, or deficiency of sensation in any other portion of the surface; no incontinence of urine or feces. Has been merely purged by some black draught, and has taken no other medicine since the attack. One half of the scalp bounded by the median line and commencing at the left eye, and passing upward to the sinciput and thence to the occiput, but not descending lower than the nape of the neck, and along the edge of the trapezius

muscle for nearly an inch and a half, then abruptly passing in front and upwards to the chin, the left cheek and ear being included, so that exactly one half of the cranial surface was involved in this state of altered sensibility. The tongue is not affected, nor is there any loss of muscular power except in the action of the levator palpebræ of the left eye, the eyelid being depressed so as to half close the eye. There is no want of power in the orbicularis palpebrarum of this eye, as by its action the lids can be completely closed, and indeed by a voluntary effort can be tightly closed, effectually resisting any attempt to raise the upper lid mechanically by the finger till the action of the orbicularis is relaxed. The state of sensibility in these parts is not that of entire deprivation; it partakes more of the condition of some forms of neuralgia, the affected region being at times numbed and insensible to external impressions; at other times the sensibility is much exalted, and acute excruciating paroxysms of pain dart through the eyeball, cheek, and even over the scalp to the back of the head. When the left lid is raised the left eye is natural in appearance, the cornea perfectly clear; sclerotic, not injected; margin of the pupil well defined; the pupil free from cloud, opalescence, or any coloured appearance; the iris, is however, only sluggishly sensitive to the action of light. The motions of the eyeball are not made with precision, the patient appearing to have but an imperfect command over them; when directed to look to the right or left or straight forward, these several acts are hesitatingly performed. The power of vision in this eye is deficient. When the lid is raised he perceives only a greyish light, which he can distinguish from the darkness when the lid is closed, but he can recognize no object even held ever so close. The sight of the right eye is perfect. Lancinating pains are frequent in the ball of the left eye. These paroxysms are worse at night. Has not slept for many nights. The features of the left side, when the face is at rest, do not appear affected; but when he speaks a singular expression occasionally passes across the features, as if from want of consent in the action of the muscles of the left with those of the right side. The general health does not appear impaired; tongue clean; pulse small and regular; heart's sounds natural.

He was ordered Quinæ Disulph, gr. ij.; Pilul. Hydrargyri, gr. ij., ter die. Hydrarg. Chlorid., gr. iv.; Pulv. Scammon. Co., gr. x., statim. Morphia Acet., gr. ss., omni nocte.

On the fourth day from admission, he is reported to have suffered much less pain, and to have passed much better nights. An improved diet was ordered. On the tenth day, it is stated that the pain is much less severe, the intermissions being longer; slight tenderness of the gums; has acquired a greater power over the affected lid, and can slightly raise it; the iris is less sluggish to the influence of the light, and the patient states that he can perceive the light stronger and brighter. The mercury was withdrawn; Quinæ Disulph. gr. ij.; Extr. Aloes, gr. j., ter die.

On the twenty-first day, had recovered nearly complete power over the affected lid; the pain in the eye and scalp is much diminished both in intensity and frequency; he can distinguish the bars in the window, and even intervening objects faintly. On the twenty-ninth, vision had become nearly perfect with the left eye; could distinguish most objects with the left eye alone; some indistinctness for distant objects; paralysis of the levator palpebræ of the left eye has entirely disappeared, the aspect of the two eyelids being identical. The state of the features when speaking presents now nothing remarkable. He is quite free from pain, but states that he occasionally feels the top of his head numbed, and when scratched, deficient in sensation, but that this feeling is not constant; the general health is good, and it is hoped that in a short time all vestiges of this cerebral affection may be removed.

In offering to you some clinical observations on this case, let me first direct your attention to the symptom most palpably evident,—one that without any complaint on the part of the patient you could not fail to notice, namely, the dropping of the left eye-lid, termed ptosis, from a Greek word *πτωσις*, simply meaning to fall down. Ptosis may be considered either as an affection *per se*, or as a *symptom* of internal cerebral disease. The first is dependent on certain integumentary conditions,—such as hypertrophy of the cellular tissue of the upper lid, or excess of integument, so that power of the levator palpebræ is overcome by the mass of the lid to be raised. It is comparatively a trivial affection, and is frequently relieved by surgical operation, and it must be carefully distinguished from the dropping lid, which, as a symptom, is one of considerable moment, as indicating some serious organic lesion in the encephalon.

When ptosis is a symptom of cerebral disease, it does not occur alone, there are usually several other concurring conditions sufficiently explicit, pointing to the cerebral centre as their source.

Now in this case, the second point of observation was the numbed and deficient sensibility of the cheek, forehead, scalp, and chin of the left side. Our attention was next fixed upon the loss of vision; the left eye, unable to distinguish form or colour, was yet faintly sensible to the difference between light and dark. We next noticed the sluggish motions of the iris to the action of light; then the uncertain action of the muscles of the eye-ball; and lastly, the play of the features on the opposite sides of the face, was not consentaneous when the patient spoke or laughed. This circumstance was evident; but when the countenance was at rest, no want of unity of expression

appeared to exist. With such a category of symptoms could there be any doubt as to the presence of some cerebral condition, as the cause of this aberration of sensibility and motion? But I wish to make this clearly evident to you, and in doing so, you will not fail to perceive how confessedly dependent is pathology upon anatomy and physiology, and how little of the nature or cause of disease could be known or discovered without the aid of these sciences,—sciences which are as indisputably the foundation of all true pathology, as they are indispensably the basis of all certain, well-directed, and efficient therapeutical practice.

The muscular power of the levator palpebræ is dependent on a branch of the third nerve; the perceptive faculty of the eye is regulated by the optic nerve; the sensibility to the influence of light, and the mobility of the iris, arise from the ciliary nerves, derived from the ophthalmic ganglion, which is formed by a portion of the fifth, and a branch of the third nerves; the motions of the eye-ball are influenced by the third or motor oculi as it is called; the sensitiveness of the skin of the cheek, scalp, forehead, and chin, is due to the fifth; while the muscles of the face are guided in their motions by the branches of the portio dura of the seventh. We thus find that the second, third, fifth, and seventh nerves, are deprived of a certain amount of the healthy influence exercised over the muscles and parts to which they are distributed. There was something singular in the degree or extent to which these nerves were deprived of their accustomed power; in none could it be said that there was total paralysis, or complete loss of power; vision was not totally obliterated; the patient could distinguish between light and dark; sensation in the cheek, forehead, and scalp, was not entirely lost; the parts were rather numbed than paralysed; the laying of the finger gently on the forehead or cheek was not felt; but if the skin was pinched he winced. Moreover, there was at times much exaltation of sensibility in these parts, lancinating excruciating pain darting in paroxysms through the affected nerves. The mobility of the eye-ball was only imperfect—not destroyed. When told to look to the right or left, upwards or downwards, the motions were made without precision,—awkwardly, hesitatingly, as though the muscles were not perfectly under the influence of the will. It could not be said that the iris was insensible to light, it was only sluggish to its influence. The injury therefore to these nerves was partial and not complete; their functions may be said to have been suspended rather than destroyed. From so many nerves being implicated, and the partial manner in which these were affected, it could not be doubted that the morbid cause was operating at the roots of these nerves,—at their cerebral centres, not at the extremity of their peripheral distribution. To the brain, therefore, we were to look for the special morbid cause.

Now, the history of the attack materially aids us in our diagnosis. Sitting by the fire, he suddenly becomes insensible, and falls after the manner of a fit, from which he recovers to find a surgeon extracting blood from his arm. As complete consciousness returned, he became aware of the loss of sight in the

left eye, and that he could not raise the lid, and that he could scarce feel his left cheek or the scalp of his head, which felt as he stated as if *asleep*. Can we for a moment doubt that this attack was of the nature of apoplexy; in its mildest form perhaps, but nevertheless dependent on a lesion of some portion of the encephalic apparatus. It would be idle in the absence of all proof, to speculate upon the particular spot in the brain in which this lesion had occurred; it is more than probable, however, that the base of the brain must be the spot, but whether in the thalamus, corpus striatum, pons Varolii, or any other portion having relation to the roots of these nerves, it is useless to speculate upon.

Considering then this case to be in its origin cerebral, and possessing all the features of an apoplectic attack, with the formation of a clot in some part of the encephaloid mass, the treatment was based upon those principles which guide us in ordinary cases of paralysis from apoplectic causes. From the mildness of the symptoms, and the paralysis being so limited, a favourable prognosis was pronounced. It was hoped that the influence of mercury in alterative doses might promote the removal of the morbid influences acting on the nerves. With this intent, blue pill was given twice a day, in ten grain doses; and to check the intermitting character of the paroxysms of pain, which so violently affected him, quinine was combined with it. This treatment was pursued till the gums faintly indicated the influence of mercury in the system, and from that moment there was a daily and visible amelioration of all the symptoms. The paroxysms of pain first became less urgent; an increasing power over the levator palpebræ was soon evident, and the powers of vision were sufficiently improved to enable him to define the bars of the windows. The mercury was now withdrawn, and its place supplied with small doses of purified aloes, in conjunction with the quinine. You have seen the patient to-day; vision is not yet perfect; when the right eye is closed he can distinguish persons, but not clearly; he can number those standing before him, but he cannot clearly recognize features or colour with the affected eye. The restoration of the levator palpebræ is, however, complete; the two eyes exactly correspond, and he can raise and drop the left eye-lid at pleasure; the motions of the eye-ball are precise and regular, and the iris of the left eye is now equally sensible to the influence of light as the right.

As a specimen of local and partial paralysis from apoplexy, this case must be viewed as one of much interest; and it is equally so in respect of the influence that appropriate remedies exercise over the morbid cause of the paralysis; and to you, gentlemen, it is an example, I hope not thrown away, of the value and absolute utility of anatomical and physiological knowledge, in reading the mysteries of diseased action; for it must be clear to you, that if you did not know the distribution of the several nerves implicated, and were unacquainted with the peculiarity of the special functions they severally perform, it would have been impossible for you to interpret the source from whence these symptoms were derived.

ON THE MEANS BY WHICH UTERINE HÆMORRHAGE IS SUPPRESSED WITHOUT ARTIFICIAL ASSISTANCE.

By THOMAS RADFORD, M.D., Consulting Physician to the Lying-in Hospital, &c., Manchester.

A knowledge of the inherent powers of the living body to stop hæmorrhage from the uterus, is of the highest importance to the obstetrician. Without an intimate acquaintance with their mode of operation, he can never practise successfully. All the principles of our art ought to be based on a clear and comprehensive knowledge of the plans adopted by nature when danger exists and threatens the destruction of life. On this account I have not hesitated to lay a brief statement of them before the profession. Although the following observations may not possess the attraction of originality, yet I believe, that every well-thinking and judicious practitioner will admit the value of such, if judiciously made. The following is an enumeration of the natural anti-hæmorrhagic powers:—1st, syncope; 2nd, coagulation of the blood; 3rd, effusion of lymph and obliteration of the vessels; 4th, re-union of the detached portion of the placenta to the uterus; 5th, death of the child; 6th, uterine contraction; 7th, spontaneous rupture of the membranes; 8th, spontaneous separation of the placenta.

Complete or partial syncope sooner or later is induced when blood is discharged from the vascular system; the difference depends on a variety of contingent circumstances which may exist at the time. When we wish to make a quick and powerful constitutional impression by venesection, we make a larger orifice, so that the blood runs *pleno rivo*. We place our patient erect; and if of feeble constitution, or if the habits are bad, the effect is sooner produced, and continues longer. So in floodings, we find the relative effects very different; some women bear an immense loss without apparently suffering much from it, whilst others rapidly succumb from the same or even a less amount of discharge. Sudden and profuse gushes of blood speedily produce fainting, but slow and dribbling hæmorrhages continue for a considerable length of time without producing this effect. Although these latter kind of floodings do not so suddenly depress the vital powers, yet they insidiously undermine them, and in many of these cases the life of the patient is ultimately placed in more jeopardy than in those of the former class, provided the patient is not immediately destroyed.

Great caution is necessary not to allow a principle, based on false security, to lead the practitioner to procrastination in adopting active measures; his judgment ought not to be led astray by the quantity of blood which has been already discharged, or is now being lost, but he should invariably direct his attention to the influence produced on the vital powers, as the immediate and remote effects of loss of blood are relatively