PUNCTURE OF LENS. OPHTHALMITIS. BRAIN DISEASE. DEATH.

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THE following case, no less interesting than it proved to myself to be distressing, seems worthy of being placed on record.

In May 1867 I was consulted by Mr. J. P. I., aged 45, a celebrated Yorkshire tenor, about an increasing defect in his sight, which was seriously interfering with his profession as a singer and teacher of singing. He was myopic, and had half-formed cataracts in both eyes.

In order to economise his time I decided to accelerate the formation of the cataract in one eye, so that it might be ready for extraction during the vacation which would commence in three weeks. With this object, I slightly ruptured with two needles the anterior capsule of the left lens, in which the nuclear opacity was most advanced, rendering the eye useless. The rupture of the capsule was but slight, as it was my intention to produce slow formation of opacity of the cortical layers, with as little excitement as possible, so that he might at the same time continue to give music lessons during the three weeks which would elapse before the holidays. I name this to show how slight a rupture of the capsule it was my aim to make.

May 24th.—Puncture of lens by needles. During the afternoon the eye was more painful than is usual after such a slight operation, and the conjunctival vessels were injected.

May 25th.—Great pain. No appearance of opacity nor swelling of the lens. The *punctures in the cornea look opaque*. Some sickness during the day.

May 26th.—In the night intense vomiting, with agonising pain in the eye. During an attack of vomiting "he felt the eye go blind." At 10 A.M. I found the eye hard (Tension $+1\frac{1}{2}$), the cornea dull, with opaque infiltrations (purulent) at the margin, and the pain intense. He considered the sickness

as one of his bilious attacks, to which he had been liable in spring and summer.

May 28th.—Cornea has sloughed, and the lens has escaped.

For a while I hoped that the remnant of the eye would become quiescent, and that we had seen the worst in the loss of sight. Pain, however, increased, and his distress was so great that I decided to extirpate the eye.

June 4th.—The eye was extirpated.

June 5th.—Much swelling of the lids and orbital tissues.

June 7th.—Swelling almost gone. He sat up, and went downstairs.

June 8th.—Early in the morning, after a restless night, with chilliness but no rigor, he felt an intensely distressing fulness and throbbing at the back of the head on the left side, and had become aphasic, being hardly able to articulate or remember words, using wrong words, and mixing words together.

June 9th.—Improving; able to speak with tolerable distinctness.

June 10th.—The same. Pain at the side of the head. Often looks flushed. Left hand weak.

June 12th.—A convulsion.

June 13th.—Several convulsions.

June 14th.—Convulsion early in the morning; none after. He then gradually became less able to speak, more dull, but still conscious, taking very little food, and often flushed.

June 18th.—He died, with convulsive twitches of the left side, the right side being apparently paralysed, and the face slightly drawn to the left.

Post-mortem.—Dura mater was firmly adherent at several parts of the calvarium. There was very little fluid in the arachnoid cavity, and there were no adhesions of opposed surfaces of the arachnoid. There was no appearance of disease of the optic nerves, no pus about the cavernous sinus, nor at the base of the brain.

On the upper surface of the left hemisphere the arachnoid was thickened, and the subarachnoid space was filled with greenish firm lymph which looked like pus, but did not ooze out on section, and could not be displaced by pressure. Near the upper surface of the left hemisphere, rather behind the middle, there was a mass of disease involving the grey matter and centrum ovale, not invading the wall of the lateral ventricle, but situated above its roof. Both corpora striata and optic thalami were cut into without finding disease. The diseased mass consisted of a centre of the size of a small walnut of uniform chocolate tint, and in firmness like healthy brain, surrounded by a rather softer portion of brain studded with small round

black clots, the largest of the size of a large pea. The discovery of this disease, some of which clearly had not wholly arisen subsequently to the operation, led me to make inquiries, whereby the following facts were drawn out, of which I had never received the slightest hint.

About two years before this disastrous operation he jumped down from a coach with which the horses were running away, and fell, his head forcibly striking the ground. He then got up, overtook the coach, assisted with the horses, and became unconscious for several hours. After the accident he had on two or three occasions fallen from sudden unconsciousness.

The notes of the appearances in the brain were not made at the time of the post mortem examination, but from memory shortly after.