PRACTICAL REMARKS ON DISEASES OF THE EYE.

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VIII.—ON EFFUSION OF BLOOD WITHIN THE VITREOUS CHAMBER OF THE EYE.

(Continued from p. 96.)

SOME years ago a patient came under my notice, whose eyes were so remarkable that I will take this opportunity of describing them, although it is impossible to convey a perfect notion of their appearance without the aid of a coloured drawing. The case may fitly be appended to the foregoing series, if my explanation of the origin of the blindness be correct—namely, that rupture of vessels took place in both eyes at the same time, and that the effused blood, gradually losing its red colour, ultimately formed the yellowish deposits which presented so uncommon an appearance at the fundus of each eyeball.

Miss P—, aged thirty-eight, was brought to me, totally blind, on the 5th of May, 1848. Both globes were unsteady; not oscillating like the eyes of persons with congenital cataracts, but rolling very slowly from side to side, as if in search of some object. In the right eye the cornea was quite clear; a zone of a dirty leaden tint surrounded it, as though the sclerotic were thinned, and the choroid dimly seen through it. Several enlarged communicating veins emerged at this zone, as one sees in cases of glaucoma. The outer side of the globe projected, and had the same leaden hue as the sclerotic immediately surrounding the cornea. The iris was greenish; the pupil large, irregular, and quite fixed; the lens perfectly clear, allowing the fundus of the eye to be distinctly seen. This was occupied by a mass of yellow deposit, which closely approached the hinder surface of the lens. Just in the visual axis of the globe a tortuous vessel was seen emerging from the mass, and dividing into three or four branches.

In the left eye the same kind of leaden-coloured zone surrounded the cornea, but less strongly marked than in the right. There was much less dilatation of the sclerotic veins, and no irregularity or bulging of the sclerotic itself. The cornea was quite clear. The iris had almost disappeared, only a narrow segment of it being visible below. All the vitreous chamber was occupied by a bright yellow mass, which, in consequence of the flood of light admitted to it through the enormous pupil, was brilliantly illuminated. The appearance of the deposit was more loose and flocculent, less solid, than that in the right eye, nor were any vessels traceable in it.

Previous history.—The patient stated that her sight was excellent until about four years before her visit to me, when she began to find reading and working by candle-light fatiguing, and used to notice a coloured halo around luminous objects. Two years later she became subject to violent headaches, which were sometimes so severe as to cause her to rise from bed, and walk about restlessly. During this period her sight gradually failed—without any appearance of sparks or flashes, but the halo still continuing—until she could not read a newspaper; and about the middle of November, 1846, she consulted Mr. —, who prescribed mercury in small doses. She continued sufficiently well to go into society, although the dimness of sight was so great as to prevent her reading or working. Five weeks after her visit to Mr. —, she went to a party of friends, but felt unwell all the evening. Next day she was worse, and at seven P.M. vomiting came on, and, during violent retching, her sight became suddenly and totally lost, so that she barely perceived the diffused light of candles in the room, and could not distinguish their separate flames. After this she remained ill for a long time, and, as the blindness persisted, a course of mercury was tried, and kept up for five months without the slightest benefit. Another medical man was then consulted, who, after some preliminary treatment of a general kind, advised change of air. She was taken to the sea-side for about three months; there her health improved, and for the first time during four years she became free from headache. The bright yellow reflection, so evident in the left eye, was not observed by those about her until five months before her visit to me.

I did not see the case again until the beginning of November. The sclerotic veins of the left eye were then smaller and less numerous than before; the lens had lost a little of its transparency, so that the yellow fundus of the eyeball was less distinctly seen, and the radiating vessels could not be perceived. The left eye had undergone a remarkable change; its super-

ficial veins, like those of the right, were smaller and less purple; the iris was, if possible, less traceable than before; the lens had become opaque throughout, having the pearly tint of what is called a "glaucomatous" lens, and showing distinctly the arrangement of its planes of fibres. Its anterior face was almost in contact with the cornea; any view of the deposit in the vitreous chamber was of course impossible.

The patient continued to take small doses of iron, and improved considerably in general health; improvement of sight was not to be thought of. When I last saw her, in October, 1850, the rolling motion of the eyeballs had almost entirely ceased. There was hardly any enlargement of sclerotic veins in either eye; the right iris had lost its green colour; both lenses had become completely opaque, and the left one appeared to be undergoing a secondary process of softening.

A case of sudden blindness, from effusion of blood into the posterior aqueous chamber of each eye, is very briefly related by Dr. Graves,* as having been communicated to him by Dr. Boxwell. A girl, aged thirteen, was exhausted by long-continued and excessive hæmorrhage after the application of leeches to the hip. Purpura and bloody urine followed, and a few days later intense headache and nausea came on. Blood was then suddenly effused into the posterior aqueous chamber of the right eye, so as to be visible through the pupil. Next day the other eye was similarly affected, and the patient remained quite blind till her death, which took place a week afterwards. No precise description is given of the appearances the eyes presented, but it seems as if the effusion had not been limited to the posterior aqueous chamber. The case is quoted by M'Kenzie.† Carron du Villards published, in the *Gazette Médicale*,‡ a series of remarks entitled, "Considérations Pratiques sur les Epanchemens sanguins dans l'Œil et ses Annexes;" but most of the effusions he describes were the result of violence, inflicted in various ways on the eyelids and orbit, as well as on the tissues of the eyeball itself; and none of his cases resemble those I have just related. The subject of Carron du Villards' paper is treated at very much greater length by Dr. Beger, in his Essay entitled "Das Blutauge," 1843.

PRACTICAL OBSERVATIONS ON THE CURE OF EPILEPSY.

By JOSEPH WILLIAMS, M.D.

THERE is no known specific for the cure of epilepsy, and in all human probability none will ever be found, inasmuch as this disease depends upon causes very varied; consequently those medicinal agents which may be prophylactic and even remedial under some circumstances, may under other conditions not only not mitigate, but positively only aggravate every symptom. This was forcibly illustrated in the case of a young lady, which I have already published in detail, where the epileptic paroxysms periodically returned every fourth week, and were clearly dependant upon amenorrhœa. Therapeutic agents had been exhausted by numerous physicians, but the cure was subsequently effected by the compound tincture of iodine, three times daily; with one pill night and morning, consisting of the aloetic pill with myrrh, and the compound galbanum pill; rubbing over the loins and on the inside of the thighs every night and morning some compound iodine ointment.

A case even more interesting is that of Mr. P—, residing at —, in Surrey, aged thirty-seven, married. His first fit occurred on the 11th June, 1847, when his usual medical attendant bled him to about a teacupful. He was purged, and kept under antiphlogistic treatment; then went to Cheltenham, where in July or August he had another fit. A surgeon was then called in, who bled him to a pint, giving him also ten grains of calomel. He returned home, and on the 2nd of January, 1848, had a third attack, when leeches were applied to the temples, followed by antiphlogistic measures. He was generally very sick during these attacks, and noticed that everything he brought off his stomach was of a light greenish colour. On the 1st of February he had three fits, and was again leeches. The fits recurred; he was cupped, then had a seton in his leg for five weeks, and during that time had no attack; within one week, however, of its withdrawal another fit supervened. These repeated attacks were so severe,

* Observations on the Treatment of Various Diseases. Dublin Journal of Medical Science, vol. xi. p. 395.

† Practical Treatise on the Diseases of the Eye. Third Ed. 1840, p. 599.

‡ Tome vi. 1838, p. 609; and tome vii. 1839, p. 737.

and were so much undermining his mental and physical strength, that his friends eagerly obtained the advice of every eminent man in the metropolis who was recommended to them, and amongst others he was placed under the care of Dr. Marshall Hall. The fits still recurring, they sought the aid of advertising quacks; mesmerism and galvanism being also among the proffered means of cure.

He then came under the hands of a Dr. Murray, who had publicly advertised that he could cure epilepsy. This doctor, whose name I cannot find in THE BRITISH MEDICAL DIRECTORY, in reply to a letter sent by the patient's wife, thus writes, apparently in a feigned hand:—

[EXACT COPY.]

"27 Gt George square Lpool

"MADAM In reply to yours I beg to say that I can undertake to restore your husband My fee will be 5 guineas for which I will prescribe for him untill perfectly cured An early attention to the case is requisite if a speedy cure is desired

"Yours truly

"H MURRAY MD

"PS I will guarantee a perfect cure"

The five guineas were duly sent to Liverpool, and the following letter, enclosing a prescription, was duly received:—

[EXACT COPY.]

"27 Great George sqr Liverpool

"SIR I enclose a prescription for your use which you will please get prepared at some respectable chemists and use regularly as directed Your diet should be just what agrees Best with you You will please let me know how you get on in a fortnight

"Yours truly

"HUGH MURRAY MD

"R Tinct mosch

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Magne aquæ

R Pil ammon cupri xx

Cap i vel ii Bis die"

This prescription is without date; but appears to have been first made up by Savory and Moore, being stamped by them, April 30th, 1852; and the dispenser must have had considerable talent in divining what doses the prescriber intended.

On the first attack, blood was taken from the arm, with general depletion; then venesection was again adopted; subsequently leeching, cupping, and severe antiphlogistic treatment; then an issue; afterwards blisters to the nape of the neck, with severe purgation; but the patient and his wife both state that his attacks seemed only to be aggravated by this treatment. He then successively came under the care of several able physicians, whose prescriptions are now before me. He was first ordered a powder three times daily, containing two scruples of the bitartrate of potass, ten grains of the bicarbonate of potass, and a grain and a half of camphor. These powders he took for a long time without benefit. Next a pill, containing two grains of sulphate of zinc, and two grains and a half of the extract of hop, twice a day, was ordered, the following powder being exhibited twice a week in tepid water: sulphate of magnesia, one scruple; dried sulphate of soda, one scruple; sulphate of iron, three grains. He next had, in the form of pill, disulphate of quinine, two grains; confection of roses, sufficient to make a pill; at eleven A.M. and three P.M.; taking also the first thing every morning the following powder: one drachm of sulphate of magnesia, one scruple of dried sulphate of soda, and one grain of camphor. Ten minims of liquor potassæ, three times daily in cold water, were next advised, being persevered in for a considerable time without benefit, when he came under the care of a very distinguished physician, who ordered six ounces of infusion of rhubarb, one ounce of compound decoction of aloes, one drachm of bicarbonate of potass, half a drachm of sulphate of iron; mix: an ounce and a half or two ounces to be taken daily; diet to be *very low*. He became worse, and under other hands received disulphate of quinine and sulphate of iron, of each two grains, mixed with honey, twice a day. He then again began a drachm of bitartrate of potass, ten grains of sulphate of potass, and three grains of camphor, every morning in water; next a pill, twice daily, containing two grains of sulphate of iron, and one grain of disulphate of quinine, in honey; then two drachms of iodide of potassium in three ounces of camphor mixture, taking one teaspoonful daily in water, at

dinner-time. The fits, however, becoming more and more severe, he was ordered nitrate of silver in powder, twenty-two grains; opium, three grains; extract of hemlock, two drachms; liquorice, one drachm; in pills of two grains weight, one to be taken morning and evening (96 pills). For months were these persevered in, but without any benefit.

The following prescription was then advised: one ounce of sulphate of magnesia; tincture of henbane and spirits of nitre, of each two drachms; infusion of roses, seven ounces and a half. Make a mixture; a tablespoonful to be taken in cold water twice a day. The disease, however, still progressing, the tincture of sumbul (Savory and Moore's) was recommended by an amateur practitioner, fifteen drops to be given daily, on a lump of sugar, gradually increasing to twenty, thirty, and forty drops, at the same time taking three grains of sulphate of zinc, in the form of pill, morning, noon, and night. These remedies being of no avail, galvanism and mesmerism were resorted to, and proving not only ineffectual but very injurious, recourse was had to the cotyledon umbilicus, which was fully tried for a considerable time, but without any benefit, when the depleting regimen was again employed, which greatly augmented the distressing nervous irritability.

List of Fits as taken from the Pocket-book.

		Fits.	
1847.	June 11th	1	Friday.
"	July or August	1	"
1848.	January 2nd	1	Sunday.
"	February 1st	3	Tuesday.
"	April 16th	1	Sunday.
"	June 10th	1	Saturday.
"	September 2nd	1	"
"	December 17th	1	Sunday.
1849.	January 6th	2	Saturday.
"	February 11th	1	Sunday.
"	March 11th	1	"
"	April 22nd	1	"
"	June 22nd	1	Friday.
"	June 29th and 30th ...	3	{ Friday and Saturday.
"	July 28th	1	Saturday.
"	August 18th	3	"
"	September 7th	4	Friday.
"	Sept. 22nd and 23rd ...	5	{ Saturday. & Sunday.
"	October 27th	4	Saturday.
"	November 15th	5	Thursday.
"	December 16th	5	Sunday.
1850.	January 3rd and 4th ...	5	{ Thursday & Friday.
"	February 7th	7	Thursday.
"	March 11th	5	Monday.
"	April 25th and 26th ...	9	{ Thursday & Friday.
"	June 13th	3	Thursday.
"	July 27th	2	Saturday.
"	September 9th	3	Monday.
"	November 4th	6	"
1851.	January 3rd	8	Friday.
"	February 7th	7	"
"	March 20th	7	Thursday.
"	May 25th	9	Sunday.
"	August 15th	8	Friday.
"	November 22nd	7	Saturday.
1852.	January 26th	6	Monday.
"	March 20th	7	Saturday.
"	June 3rd	8	Thursday.
"	August 16th	6	Monday.
"	October 22nd and 23rd	10	{ Friday and Saturday.

Such is the condensed history of the case up to the period of his coming under my notice on November 2nd, 1852.

He is heavy, lethargic, depressed, and desponding, his eyes fixed on the ground; his spirits so weak that he can scarcely reply to the ordinary questions respecting his general health without sobbing. *His whole aspect is most discouraging, and he feels that he will not recover.* His temperament is lymphatic and bilious, yet with a very thick head of hair, and a somewhat projecting forehead; he complains of oppression and weight in the head. His neck is short, and for a man of his age he is decidedly stout, but at the same time leucophlegmatic; the tongue is slightly furred; the bowels are daily opened; the pulse is soft and small; his countenance is pale, bloated, and bilious; his urine

is sometimes high-coloured, and stains his linen. He appears to me now to be inactive and indolent. His appetite is generally good, and he eats *meat* suppers, but his digestion is imperfect. He has never suffered from worms, but frequently is annoyed with itching of the nose, with a sense of weight at the posterior nares, and at the same time has considerable irritation about the rectum. He always becomes pale before the fits occur. Ordered mercurial pill, twelve grains; compound colocynth pill, half a drachm; extract of henbane, one scruple; to be divided into twelve pills, two to be taken occasionally at bedtime. Sulphate of zinc, twelve grains; extract of camomile, two scruples; divide into twelve pills; one to be taken twice a day. To take a dose of cotyledon umbilicus daily, immediately after the first fit. Whenever he looks particularly pale and feels the irritation in the nose and rectum, apply a mustard poultice to the nape of the neck, and administer an ounce of purified spirits of turpentine in half a pint of warm gruel, as an enema, to be retained as long as possible. Diet, meat once a day, with a proportion of green vegetable; no ham; no bacon; one pint of beer; cocoa and coffee; no tea. To walk one or two miles every morning; before or immediately after breakfast, and the same distance at least in the afternoon or evening. To pay great attention to the skin. He has never before been advised to take systematic exercise.

Dec. 9th.—His countenance is brighter; he is less nervous; his head less oppressed; his appetite still good; and he digests his food better; he walks with greater ease, and begins to enjoy the exercise. The pills seem to give him vigour, and he feels stronger. His pulse is decidedly more firm; the tongue cleaner. Two days since, not feeling so well, with irritation about the nose and rectum, the turpentine enema was administered, and he "*soon felt warm all over, and decidedly relieved.*" He has not taken the cotyledon umbilicus, but as this was about the time for his usual attacks, I was particularly anxious, and therefore recommended him to take, every morning before breakfast, one teaspoonful of Hooper's fluid cotyledon umbilicus, and ordered sulphate of zinc, twenty-four grains; extract of camomiles, half a drachm; divide into twelve pills, one to be taken twice a day. To watch narrowly for the coldness of the nose; for the nasal and anal irritation; for the pale and livid countenance; and, on the first approach of these symptoms, to rouse the system by the turpentine enema. In diet as before, with the same systematic exercise.

Jan. 11th, 1853.—He has been taking his medicines regularly as prescribed; walks daily two or three miles before breakfast, and the same distance in the afternoon; has had no attack whatever; has had recourse to the enema once since I last saw him. He complains of the expense of Hooper's cotyledon umbilicus. I believe he paid £1 4s. 6d. for the last medicines ordered by me! I therefore recommended him to go to Davenport's, in Great Russell-street, who has given great attention to the preparation of vegetable juices and extracts; and I at first ordered two drachms of extract of cotyledon umbilicus, divided into twenty-four pills, two to be taken daily before breakfast. But from a subsequent communication with Mr. Davenport, at the next visit, on the 2nd of February, I substituted for the pills the following: juice of the cotyledon umbilicus, a pound, as prepared by Davenport; a teaspoonful to be taken every day before breakfast, in a wine-glass of water; persisting, twice daily, with the zinc pills, and taking occasionally one or two of the aperient pills, not neglecting the turpentine injection.

June 13th.—Since the last visit, I have seen Mr. P— several times, and the change is indeed most remarkable. He is active, happy, cheerful; his whiskers, before neglected, now well trimmed; his gait erect and firm; his eye intelligent; and, having had no attack since last October, he now considers himself cured. He has, however, not relaxed in regularly adhering to the prescribed rules up to this period, and has never allowed more than a fortnight to elapse without using the turpentine injection.

Nov. 21st.—I have this day received a letter from him, stating that he is quite well, and wishing to know if he may leave off all remedial means. He has had no return whatever of the fits. He takes two of the aperient pills once a week; the cotyledon, one teaspoonful twice a week before breakfast, with a zinc pill on the same day. He has only used the turpentine injection twice or three times since July.

Previously to being placed under my care, the fits had been gradually augmenting in number and severity; the paroxysmal attacks being of the most destructive and violent character, with suffocative respiration and horrible convulsions, continuing, with but slight intermissions, for six, fourteen, and even twenty-four hours; the disease evidently gaining ground,

devastating his system, and shattering his intellect; absorbing five, six, and even seven days, to partially recover from the consequent prostration; his very memory and judgment being continuously impaired.

I was requested by some medical friends, in this, as in some other cases, to try the effects of one remedy at a time; but when a cure is actually progressing, I should do so with much reluctance. The cotyledon, for instance, given alone, often fails; but when coincidentally exhibited with zinc, succeeds, even where zinc, previously administered alone, had also failed, as instanced in this case. I would invite attention particularly to such points; also to the continuous and systematic use of large doses of the mineral acids, thereby altering the very character of the urine and the blood; recommending, also, in many cases, to try the full effects of producing a reflex action by stimulating the rectum.

Epilepsy does not depend upon one specific cause, and consequently no specific can ever be expected for its cure. A rational investigation must be made as to whether there is exalted sensibility or atonic lethargy; whether there is congestion or repletion; whether each organ regulates its function; and it is by properly appreciating and by minutely attending to each symptom, that a cure can reasonably be expected.

This case is highly instructive. I would not place too much confidence in any one of the remedial means employed, but I would strongly refer to the sulphate of zinc, to the aperient with the mild mercurial, to the turpentine enema, to the nutritious but not over-stimulating diet, to the diminished evening meal, and to the systematic exercise.

Tavistock-square, Dec. 1853.

ON THE APPLICATION OF COLLODION IN ENTROPIUM.

By FRANCIS WHITWELL, Esq., M.R.C.S., L.S.A.

DR. WINN's application of collodion to entropium, reminds me of a case I had some two years ago, in which a permanent cure was effected by similar means, but with the addition of a free division of the external commissure of each eye.

William S—, aged forty, came to the Atcham Union Workhouse, suffering from inversion of the eyelashes, the result of chronic external ophthalmia probably. The ophthalmic apertures were much diminished from contraction of the ciliary margins, and artificial union of the external canthi, so that on the action of the orbicular muscles, the tarsi were completely buried amid the folds of the conjunctivæ. The eyes were deeply injected, and the cornea very hazy. For the last ten years he had been in the habit of pulling out the lashes, and occasionally in doing so he states they were broken, and consequently became much more irritating. He is willing to endure anything calculated to afford the slightest chance of relief. The treatment consisted merely in the free division of the outer commissure of each eye; eversion being caused and maintained by the daily application of collodion to the eyelids until the wounds were healed, which in the course of a short time produced a perfect cure. The eyes, on the removal of the irritation, very soon recovered themselves, and the man's personal appearance was improved to an incredible degree.

Shrewsbury, Jan. 1854.

Reviews and Notices of Books.

Asiatic Cholera; its Symptoms, Pathology, and Treatment; with which is embodied its Morbid Anatomy, General and Minute. Translated from a Paper by Drs. REINHARDT and LEUBUSCHER, by RICHARD BARWELL, Fellow (by examination) of the Royal College of Surgeons, &c. &c. London: John Churchill, Princes-street, Soho. 1853. pp. 219.

HERE is a book well worthy of attention, for Mr. Barwell writes from the bed-side of the numerous cholera patients placed under his care at St. Thomas's Hospital, from July to September, 1849, as "*locum tenens*" of Mr. Whitfield, the resident medical officer; and the author certainly deserves some credit for recording, in a clear and well-connected manner, the facts which came before him. But we have not only the bare facts; the latter are, on the contrary, carefully collated, their value skilfully weighed, and practical rules distinctly framed.