CASE OF

ANEURYSMAL TUMOUR IN THE ORBIT

SUPERVENING INJURY OF THE HEAD, AND TREATED BY

LIGATURE OF THE COMMON CAROTID.

To the Editor of THE LANCET.

SIR,—I should feel obliged by the insertion of the following case in your publication. If not too long, I think you will consider it sufficiently interesting. Having omitted all details of treatment, which was that usually pursued in similar cases, and having confined myself to an account of the principal occurrences, I am not aware that the history could be advantageously curtailed. I have the honour to be, Sir, your obedient servant,

GEORGE BUSK,
Surgeon to the Seaman's Hospital.

H.M.S. Dreadnought, Feb. 19, 1836.

Richard Simmons, aged 20, a seaman, was admitted, July 13, 1835, labouring under the usual symptoms of concussion of the brain, with very considerable hemorrhage from the right ear, and a small wound behind the left. It was stated that he had received a very severe blow on the right side of the head, from the gaff of the vessel to which he belonged, by which he was rendered immediately insensible, and he was nearly so on admission, and could with difficulty be roused. At first he was very pale and cold, but in an hour or two he rallied. The hemorrhage from the right ear continued all night. On the following day he was quite sensible, but appeared dull, not complaining of any pain; pupils natural. On the 15th he was still dull, and completely deaf in the right ear. The eyelids, and the integuments around the left orbit, were swollen, apparently from serous effusion; they were not discoloured or painful. The pupil of the left eye was dilated and fixed, vision however was unimpaired, but he was unable to move the globe of the eye in any direction, and had slight paralysis of the facial muscles on the left side.

On the 18th some increase of inflammatory symptoms required attention, but was readily subdued. The pupil was observed to have become irregular, the irregularity consisting in an elongation downwards, and vision was not quite clear; there was occasionally a very partial rotatory motion of the globe, as if caused by the apparently involuntary motion of the superior oblique muscle. He had some headache, confined principally to the left side.

On the 21st his mouth became slightly

affected by mercury. On the 24th the headache was very trifling, but the left side of the face had become numb, and felt very "uncomfortable;" he complained of great dryness in the mouth, although his tongue was quite moist; there was also considerable purulent discharge from the right ear.

On the 25th the integuments of the left side of the face and head, extending to the vertex, were extremely tender to the touch, but without any morbid appearance. The paralysis continued unaltered on the 28th, the conjunctiva of the left eye was much inflamed, and swollen from oedematous effusion, and on the 31st purulent matter was deposited between the laminae of the cornea, at the lower part, with nebular opacity, but the eye was much less painful, and the headache gone; his health was now in most respects restored, and the functions were properly performed.

He began soon to complain of curious noises in the right ear, from which the discharge continued, and he was very deaf. The eye was not painful but the onyx was increased. In the beginning of September the paralysis and loss of sensibility were complete. The anterior laminae of the cornea had given way, and a deep ulcer occupied the site of the abscess, of a healthy character. No change of importance took place until about the 20th of November, when he became affected with small-pox, and was sent to the Small-Pox Hospital, whence he returned on the

1st of December. On his readmission the state of the face unaltered; the eye generally was prominent and much inflamed, the ulcer on the cornea was large and in a very irritable state. The severity of these symptoms was soon pretty well subdued, and attempts were made by counter-irritation in every form, and other means, to remove the palsy of the face, without effect. Sensibility in some measure returned, preceded by anomalous painful feelings in the affected integuments. He continued in this state without any change in symptoms or appearance, except that the eye seemed to protrude rather more from the orbit than had been previously observed. The ulcer on the cornea filled up.

His general health being quite restored, and medical treatment not appearing to have any effect on the local complaint, he was desirous and recommended to go to his friends in the country and trust to the efforts of nature. However, on the 1st of February, on making examination of the eye, I felt on pressing the globe a distinct pulsation, and, farther, found, deeply situated in the upper and inner part of the orbit, a firm pulsating tumour, which appeared about half an inch in its transverse and longest diameter; it was situated between the levator of the eyelid and the bone, and did not show itself externally, but when the

eyelid was raised, it caused some projection of the loose conjunctiva.

The pulsation of the tumour was accompanied by a very distinct whirr, which could also be felt on pressing the parts in its immediate neighbourhood. Through the stethoscope a very loud aneurysmal whizzing sound was communicated, which could also be heard in applying the instrument over the inner canthus of the other eye, and on the left side of the frontal bone as high as the roots of the hair, and nearly as far back as the ear. He has very loud noises in the head in the right ear, resembling the sound of church bells, and in the left like the breaking of waves on the seashore. He complains more of these incessant noises than of anything else.

Operation.—As pressure on the left common carotid put a stop to the pulsation and sound of the aneurysm, and to the noises in the head, it appeared to me that the placing of a ligature on that vessel presented ground for hope, and perhaps the only hope, of affording him relief or even permanent cure. As a preparatory step, he being very well able to afford the loss, twenty ounces of blood were taken in the evening, and, on the next day, February 2nd, the left common carotid was tied. Immediately on tightening the ligature, the pulsation and sound of aneurysm ceased, as also did the internal noises.

In the evening, four hours after the operation, obscure pulsation could be felt in the tumour, which, however, was not so large. The whizzing sound could also be plainly heard with the stethoscope, and over as large an extent. There was no pulsation in the temporal artery. The internal noises were at intervals nearly as loud as before the artery was tied, and at others nearly absent. He felt great pain on swallowing; pulse 110. He took ʒss of *Liquor. Opii Sedativ.*, and a wetted cloth was applied to the forehead and eye.

Feb. 3. In the morning, the pulsation was very obscure, and the sounds much diminished. The internal noises were also much less. He had had no sleep, and complained much of pain on deglutition, and on coughing, and of severe pain in the left hypochondrium. He has also a very troublesome cough, which he has had for some time. Pulse 120, sharpish. He was bled to 16 oz. with immediate relief, and in the evening was much easier in all respects.

4. No remains of the tumour could be felt, and all pulsation was gone from the orbit, nor could any sound be heard with the stethoscope. The internal noises are quite absent, and his hearing is somewhat improved. Pulse 100, soft, skin moist, and tongue clean. The pain had left the left hypochondrium, but he felt some in the right when coughing. The wound was dressed, and the sutures were removed; union

had taken place to a great extent. In the evening the cough was occasionally severe, with mucous expectoration, and pain referred to the diaphragm. Pulse 120, soft, skin moist; bowels not opened. He had some calomel and compound extract of colocynth, and a mixture with sulphate of magnesia, and tincture of digitalis, and a linctus for the cough.

5. He felt very comfortable; has had several stools; countenance pale; pulse 100; eye less prominent.

6. Feels weak, but is quite free from pain; cough nearly gone. The conjunctiva is much less vascular than before the operation, and the cornea is clearer. Some grumous blood was discharged from the left nostril during the night. Pulse 90.

7. Pulse 80. The lips of the wound are opened, but it is filled with healthy granulations; sleeps well; appetite too good.

11. He sat up several hours, and on the 15th, the ligature came away.

18. The wound is all but cicatrized; he is quite free from pain or uneasiness; feels quite hungry and weak; he is not yet allowed meat; pulse 70, soft. No remains of the aneurysm can be detected; the eye is returned wholly to its natural level; the upper half of the cornea is quite clear, the lower is occupied by a dense leucoma, to the centre of which runs a large red vessel from the conjunctiva. That membrane is hardly vascular, and vision is good through the clear part of the cornea when the lid is elevated; the pupil natural. The left side of the face is paralyzed, but sensibility is perfect except on the left side of the nose, where he feels pricking pains when touched. He has no power of motion whatever over the globe of the eye, and is still very deaf, and more so in the left ear than in the right, but has no noise in the head. His intellects have never been affected. Pulsation is very distinct behind the lower portion of the sternocleido-mastoid muscle, probably in the subclavian.

If any change of consequence takes place, while the man is under my care, I will take the liberty of communicating the particulars through the medium of this journal.

CASE OF

HEMORRHAGE FROM THE MOUTH.

By JULIUS WOLFF, M.D., *Liverpool.*

A. D., the commander of a vessel, twenty-five years of age, of robust constitution, being in good health, was attacked with a slight hemorrhage issuing from the mouth. In the beginning the saliva was only tinged with blood, but, soon afterwards, pure blood ran out uninterruptedly. Common remedies