

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

BLIND SIXTY YEARS; IRIDECTOMY; RESTORED TO SIGHT; GOOD COLOUR PERCEPTION.

BY DAVID MCKEOWN, M.A., M.D., M.CH.

EDWARD C—, aged sixty-three, a fiddler, had, when I saw him in August, 1883, been blind upwards of sixty years. When a year and a half old he lost the sight of both eyes from an attack of small-pox. The right eye had not perception of light, but the projection of the left was good. There was a dense central opacity extending into the upper half of the left cornea, and the iris was adherent all round to the margin of the opacity. I performed an iridectomy opposite the transparent cornea above, the only place available for such a purpose. I showed the patient in the Ophthalmological Section at the meeting of the British Medical Association held in Belfast in 1884—i.e., about a year after operation. The condition then was:—The cornea opposite the artificial pupil was a little milky; the use of the eye was attended with some difficulty—the pupil being above, and the eye before operation having had a somewhat upward position, a considerable effort on the part of the inferior rectus was required (a tenotomy of the superior rectus alone or combined with the advancement of the inferior rectus would doubtless be advantageous); the presence or absence of the lens could not be determined; the result of a trial with glasses was practically *nil*; the vision which he had gained by the operation enabled him, when in the streets, to dispense with the stick which, before the operation, was a necessity; he could count objects of a line and a half in diameter when about a line distant from each other; he recognised comparatively small differences in size. His colour-perception was remarkably good; he distinguished not only the well-defined colours, but also different shades of the same colour, sometimes even when these differences were not very marked. His colour education was very rapid. When I first spoke to him upon the subject I found that he was pretty familiar with green, blue, and red. Some patients in hospital had given him instruction. He came to know green by examining a quilt of that colour which was upon his bed, blue by inspecting a blue-and-white-striped shirt which he wore, and red from seeing a lining of that colour in a hat. He afterwards came to know yellow, brown, &c., from having these colours shown to him a few times. The coins (involving shape, size, and colour) were soon mastered.

This case is probably unique, seeing the early age (a year and a half) at which vision was lost, the very prolonged period (upwards of sixty years) of blindness, and the extremely gratifying results of the operation; and it has an important bearing upon some interesting questions regarding the conditions under which the functions of the retina may be lost or preserved, and the recognition of form, estimation of distance, &c.

Manchester.

EXPERIENCE IN THE USE OF COCAINE.

BY WALTER EDMUNDS, M.C., F.R.C.S.

In applying cocaine subcutaneously for the production of local anæsthesia, it is not advisable to use a stronger solution than 5 per cent.—at least, such is my experience; for in my earlier cases in which this strength was used constitutional symptoms were never seen; but when, owing to the anæsthesia in one case not being sufficient, a stronger solution was, as a rule, adopted, occasionally there occurred one or more of the following symptoms: pulse becoming very rapid, weak, and almost imperceptible; sense of faintness and feeling of distress in the region of the heart; blueness of lips; cold perspirations; restlessness, amounting almost to convulsive movements; and dilated pupils. Happily, these symptoms never lasted very long; but as nothing of the sort was seen with a 5 per cent. solution, it seems better not to go beyond that strength. Cocaine will entirely prevent the pain of the injection of tincture of

iodine into the tunica vaginalis for the cure of hydrocele. In two cases five grains of cocaine dissolved in fifty minims of water was injected through the cannula after the fluid had been drawn off. When after the lapse of five minutes tincture of iodine was injected, there was no pain or feeling of faintness, nor were there any constitutional symptoms from the cocaine. The iodine and the iodide of potassium in the tincture of iodine react with the cocaine chemically, but these changes do not prevent the cure of the hydrocele. It is true that the injection of a saturated solution of carbolic acid in glycerine into a hydrocele sac does not cause pain; but this treatment sometimes fails; indeed it had done so in one of these cases. Cocaine is of special value when the patient is too ill for a general anæsthetic to be administered with safety; it might be thought that constitutional symptoms would be especially apt to occur in these cases, but it is not so. In a child greatly reduced by suppuration about the hip, an abscess was opened under cocaine without pain and without any bad symptoms; and in the case of a man weakened by repeated over-distension of the bladder from enlargement of the prostate, a drain was inserted into the bladder above the pubes under cocaine without pain and without any constitutional symptoms. It is desirable, when cocaine is administered, that some responsible person be told off to converse with the patient, and to attend only to his general condition.

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CASE OF TWINS WITH COMPLICATED PRESENTATION AND ASPHYXIA NEONATORUM;

RECOVERY AFTER THREE HOURS AND TWENTY-FIVE MINUTES.

BY H. B. MAUNSELL, L.R.C.P. & S.ED., L.F.P.S. GLAS.

ON the morning of Nov. 2nd, 1887, I was called to attend a private patient, Mrs. W—, who is a small and very delicate woman. She had been married twelve years, and had had four children and one miscarriage; the forceps were used in the first case, and she suffered from post-partum hæmorrhage after the birth of the fourth child. On arriving I was informed that "the child (female) was born, but that the after-birth had not yet come away." I found on examination that there was another child presenting by the arm. I was successful in returning the arm, but soon with a gush of liquor amnii there appeared two loops of the cord; I failed to return these. I then employed the forceps and delivered at once. The child was apparently dead, no pulsation being felt in the cord, and no sounds of the heart or signs of breathing detected; but as I had previously heard the heart sounds I thought there might be some chance, however slight, of resuscitating it. Therefore the cord was immediately tied, and I used hot and cold water douches, artificial respiration, and (by the advice of Dr. Morris) inflation of the lungs. There was no response till nearly three-quarters of an hour after birth, when there was a slight twitching of the muscles of the mouth, which was soon followed by convulsive gasps. By continuing the above treatment the child gradually improved, so that I was able to leave it at 12 o'clock to the care of an attendant, thus having worked for three hours and twenty-five minutes. I have called on several occasions since, and am glad to say both children are doing very well. I may add that the cord of the female was very slender and only about twelve inches long, whilst that of the male was very thick and measured about fifty inches. In conclusion, I would like to draw attention to the fact that perseverance is often crowned with success even where there may appear to be no hope.

Sherborne.

TRAUMATIC AXILLARY ANEURYSM; LIGATURE OF SUBCLAVIAN; RECOVERY.

BY J. H. BARTLET, M.D. LOND.,

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A. B—, aged thirty years (height 6 ft. 1 in., weight nearly 17 st.), was thrown from a high dog-cart in November, 1885, and dislocated his left shoulder into the axilla. His usual medical attendant reduced the dislocation under ether. For a long time considerable swelling remained from the con-