

## **Case of exophthalmos, following epilepsy / by J.B. Nias.**

### **Contributors**

Nias, Joseph Baldwin.  
Maude, Arthur  
Royal College of Surgeons of England

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
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## Clinical Cases.

### CASE OF EXOPHTHALMOS, FOLLOWING EPILEPSY.

BY J. B. NIAS, M.B. OXON., M.R.C.P.

*Physician to the Western General Dispensary.*

H. S., labourer, aged 33, on August 8th last, while working in a house went down into the kitchen about breakfast time to get some water. While there suddenly fell down unconscious, and was found so by his companions; is said to have struggled and moaned while in the fit, bit his tongue, and blackened his eye in falling. Recovered in  $1\frac{1}{2}$  hours, and was able to walk to the Western General Dispensary, where he was prescribed for and sent home. Continued after this at work, but suffered from a continual headache on the left side of the head. On August 18th while at work was seized with great giddiness and confusion of intellect, but did not fall or lose his senses. On August 22nd, having obtained a patient's letter, came under my care at the Western General Dispensary.

August 22nd. Patient is a well-made young man, married and the father of children, habits steady and temperate, complexion sallow, but clear. Health previous to attack quite good. Eyes noticeably fixed and staring, though this had not attracted his own observation. Sole complaint, a constant headache, the locality of which is indicated by passing the hand backwards from the temple over the left side of the head. The above history given in a plain and straightforward manner. No paralysis or spasm present of whatever kind; all reflexes normal. Fundus of both eyes normal, except that the veins are decidedly turgid (this condition confirmed by Mr. Turner, house surgeon); pupils react to light and accommodation, equal in size. Vision perfect. Urine s.g. 1031, no albumen and no sugar. Pulse 85 in the

standing position, soft and regular. Heart, action quiet, and sounds feeble; no murmurs. All bodily functions in good order. Gonorrhœa 16 years ago; no history of syphilis.

Diagnosis: epilepsy, with a suspicion of meningeal hæmorrhage or syphiloma. Ordered pot. bromid, gr. x., pot. iod., gr. v., ter die.

August 29th. Headache better; no more attacks of giddiness, staring of eyes, however, more evident; admits it himself, and says that wife and companions have noticed that he "looked a little wild." Pulse 85. Medicine repeated.

September 5th. Better as regards headache. Exophthalmos now unmistakable, the upper lid hardly touching the edge of the cornea, and the sclerotic quite visible on every slight movement. Von Graefe's symptom (non-association of lid and eyeball in movement) well marked. Sclerotic not injected, but on the contrary attracts notice by its whiteness, perhaps on account of the sallowness of the complexion. The ophthalmoscope shows nothing abnormal, the turgidity of the veins having disappeared. The thyroid gland, carefully examined, presents no enlargement; it is below the average in size. Heart as before, the pulse always ranging about 85. Mr. Turner also sees the patient, and confirms the condition. Medicine repeated, with addition of pulv. glycyrrhizæ co. for constipation.

September 19th. Exophthalmos somewhat less; Von Graefe's symptom still evident. Headache still continuous, but better. During all this time, has been at work. Vision at no time impaired. Complains, however, of having on one or two occasions during the week, felt for some hours "as if something would happen to him," "as if it would not be safe to get up from his seat." This passes off, and then he feels quite well. At the same time he loses the power of naming things; "knows what they are, but cannot remember their names, and cannot call the children, when he wants them." This also completely passes off. Medicine changed to mist. quiniæ et ferri, bis die.

October 3rd. Seen in my absence by one of my colleagues, who notes the history of venereal affection as above, and that patient continues to complain of much headache. Medicine replaced by pot. iod. gr. v., decoct. sarsæ co. ʒi. ter die.

October 10th, on my return. Patient a good deal better for the change of medicine; exophthalmos subsiding; Von Graefe's symptom gone. Headache at times, not troublesome. About this time, on a date which I have forgotten to note, patient's vision was examined by my colleague, Mr. Lindsay Johnson, and

found quite normal. No recurrence of the other symptoms. Pot. iod. increased to gr. x. ter die.

October 17th. Much better; headache ceased, and exophthalmos almost gone. Medicine repeated.

Patient did not attend again.

*Remarks.*—The prominence of certain local symptoms made this case rather obscure. I have, however, no doubt that it was one of ordinary epilepsy, in which one attack of the major disorder, was followed by several of the minor kind of a somewhat peculiar character.

The point of interest for which I desire to record the case, is the supervention of typical exophthalmos, unaccompanied by any other of the usual signs of vasomotor disturbance. The non-association of lid and eyeball in movement was well marked, and lasted for two or three weeks. Iodide of potassium seemed to be of decided benefit, though this drug has generally not much reputation in epilepsy. As bearing on both epilepsy and exophthalmic goitre, I think the case may be of interest.

*This patient went mad a few months  
after & eventually committed suicide.  
Had not examined at P. M. !  
at Harwell they regarded him as  
a general paralytic & discharged  
him as cured after six months.  
(Letter from Dias. Oct 9. 1893)  
A. M. and.*

*This was probably one of the forms of  
G. P. mentioned by Savage and Soc. Trans  
XVII. p 28 in which exophthalmos &  
other signs resembling exoph. goitre do  
appear early.*