

On vascular protrusion of the eyeball : being a second series of three cases and two post-mortem examinations of so-called aneurism by anastomosis of the orbit : with some observations on the affection / by Thomas Nunneley.

Contributors

Nunneley, Thomas, 1809-1870.
Royal College of Surgeons of England

Publication/Creation

[London] : [publisher not identified], 1864.

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was not had recourse
sensible, and does not
July 26th.—Goin
Aug. 3rd.—Satur
10th.—Wound en
15th.—Discharge

FISTULA LACHRYMAL ABSCESS

A short time ago
mitted as an out pa
been affected for a
relief. There was a
at the inner corner
rounded by an ery
the tears. I passed
bent at right angl
and succeeded, aft
entering the duct.
peated, and an ast
cure was effected.
attended with cons
the patient, to wh
relief afforded was
cedure very satisfac
practice is to divid
pointed bistoury or
size into the duct fr

ABSCESS AND G

Mr. CURLING said that it was remarkable
should have met with so many cases of an
aneurism in the orbit, and thought that mu
to him for the pains he had taken in investi
and in endeavouring to establish their tru
Nunneley, however, had committed a slight
that no light had been thrown on the affect
after the publication of Mr. Travers's case, as
was published in the "Transactions" of this S
years ago. Mr. Busk tied the carotid arter
in the orbit; and, in some able remarks on
that it was not of the nature of aneurism by
case of traumatic aneurism of the ophthalmic
Mr. Curling also tied the carotid artery w
similar case which occurred to the late Mr.
published in the "Transactions" some years la
views of Mr. Busk. Mr. Curling thought th
had not been happy in abandoning the desig
of the orbit," used in his first paper, and subst
protrusion of the eyeball." To class affection
character under one common head taken
symptom was not calculated to advance su
and practice. He had always thought that th
had committed a mistake of this nature in d
of bone of different kinds under the hea
tumours." What would be thought of o
aneurism, other tumours in the popliteal spac
the lower end of the femur obstructing the

was a muscular and tall young man. At eight A.M. on the
good, for he complained only of the venereal affection. He
jaundiced; but his general health otherwise appeared to be
16th of Sept. last with a soft chancre. His skin was slightly
of a young soldier, who was admitted into hospital on the

LIVER, SPLEEN, AND PANCREAS

Dr. ROBINSON (Scots Fusilier Guards) exhibited the
down with the finger, and so throwing up the hyoid bone.
of a rounded tumour was produced by pressing the tongue
mour, but merely a collection of watery growths. The feeling
conclusion. After death there was found no cartilaginous tu-
been examined by many surgeons, who all came to the same
thought to spring from the thyroid cartilage. The child had
but a rounded growth could be felt with the finger which was
from its larynx. Laryngoscopic examination was impossible;
from a child who had never been known to emit any sound

LARYNGEAL GROWTHS

Dr. MACKENZIE also showed a specimen of
ossified.
separated. The cartilages, as usual in such cases, had become
cartilage was ossified in part, and the perichondrium extensively

Then he differed
from memory, and
Mr. Nunneley
the carotid one
had been tried
an operation so
would recover by
tments were most
cases in connexion
support of this
of tonic in the
to (Dr. Williams)
in three or four
ment, especially
itation, and great
que, and the eyes
of these cases the
were not, as they
variance of organic
these cases. The
were affected.
similar to those

that Mr. Nunneley
affection so rare as
ch credit was due
gating these cases
e character. Mr.
error in stating
on for forty years
Mr. Busk's paper
ociety twenty-five
y for an aneurism
the case, showed
anastomosis. The
e artery, in which
th success, and a
John Scott, both
ter, confirmed the
at Mr. Nunneley
nation "aneurism
stituting "vascular
s of very different
from a prominent
urgical pathology
e late Mr. Stanley
describing tumours
d of "pulsating
lassing popliteal
e, and diseases of
circulation, under
extremity? Yet
rouping aneurism
and certain cases
protrusion of the
no help to treat-
are to be valued,
ure. In cases of
e chief symptom.
on the globe, the
g to the patient,
asure on the optic
d the only treat-
the carotid artery
ccurate diagnosis
which he had tied
e orbit; and with-
ng in the case in
at Mr. Nunneley
es. Mr. Curling
which designated
spontaneous or

dried digital pres-
owed that simple

ley's observations
all which was far
as, with enlarged
eck, had attracted
hirty years. It
l by several Ger-
l written a good
had seen ten or

entirely from Mr. Curling as to the name for the disease. He did not think the term he had brought forward was an error in nomenclature. In such cases there might be an aneurism in the head, and not in the orbit. The protrusion, again, might be the result of compression of the vessels by a tumour; indeed, it might be the result of any tumour which occasioned pressure. In reply to the remarks of Dr. C. J. E. Williams, Mr. Nunneley said that he recognized the group of cases he mentioned and their appropriate treatment by tonics. In the class of cases he (Mr. Nunneley) had described he should not think of adopting so severe a method as ligature of the carotid, unless there were urgent symptoms requiring it.

Mr. CURLING again said that Mr. Travers's case was recorded in 1811, and Mr. Busk's in 1839.

Mr. MOORE rose to support Mr. Curling's recollection. Mr. Busk's paper was devoted to showing that such cases were not cases of aneurism by anastomosis, but true aneurisms.

Dr. SANKEY said that some years ago he had had under his care a case of proptosis in a case of fever. It was due to phlebitis of the cavernous sinus, and the orbit collapsed when the patient died. Dr. Sankey remarked that prominence of the globes was a symptom of the paralysis of the insane, and was due to paresis of the muscles of the globe. In those cases, however, it was equal on the two sides.

Mr. NUNNELEY said that he believed Mr. Travers's case occurred in 1804. He (Mr. Nunneley) never ventured to claim the credit of first explaining the true nature of those cases. Mr. Guthrie had not seen his patient during life, and had merely made the post-mortem examination. He (Mr. Nunneley) remarked that as the protrusion depended on causes so various, he thought a general term was safer and more applicable.

Mr. CURLING said he wished it to be understood that in endeavouring to point out what he believed to be a slight error in detail, he did not wish in any way to detract from the great merit of the paper.

Mr. HULKE maintained that pressure on the carotid could be borne, it had been carried out for long periods in a case under the care of Mr. Bowman, sometimes for twelve hours together. But the best proof was, that cases like Mr. Nunneley's had been cured by this method.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOV. 15TH, 1864.

MR. PRESCOTT HEWETT, PRESIDENT.

Dr. HARLEY read a Report on the Specimen exhibited by Dr. Broadbent, of Dilatation of the Bladder, Ureters, and Pelves of the Kidneys, in an infant three months old. There were no calculi. The right kidney was most dilated. There were several valvular folds in each ureter; more in the right than in the left. The urethra had been removed, therefore the cause of retention of urine in the bladder could not be detected; but it was conjectured that it was a fold of mucous membrane similar to those in the ureters, and that it was congenital.

Dr. MORELL MACKENZIE showed a specimen of

NECROSIS OF THE CRICOID CARTILAGE

from a man who died of phthisis at the age of thirty. The



