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

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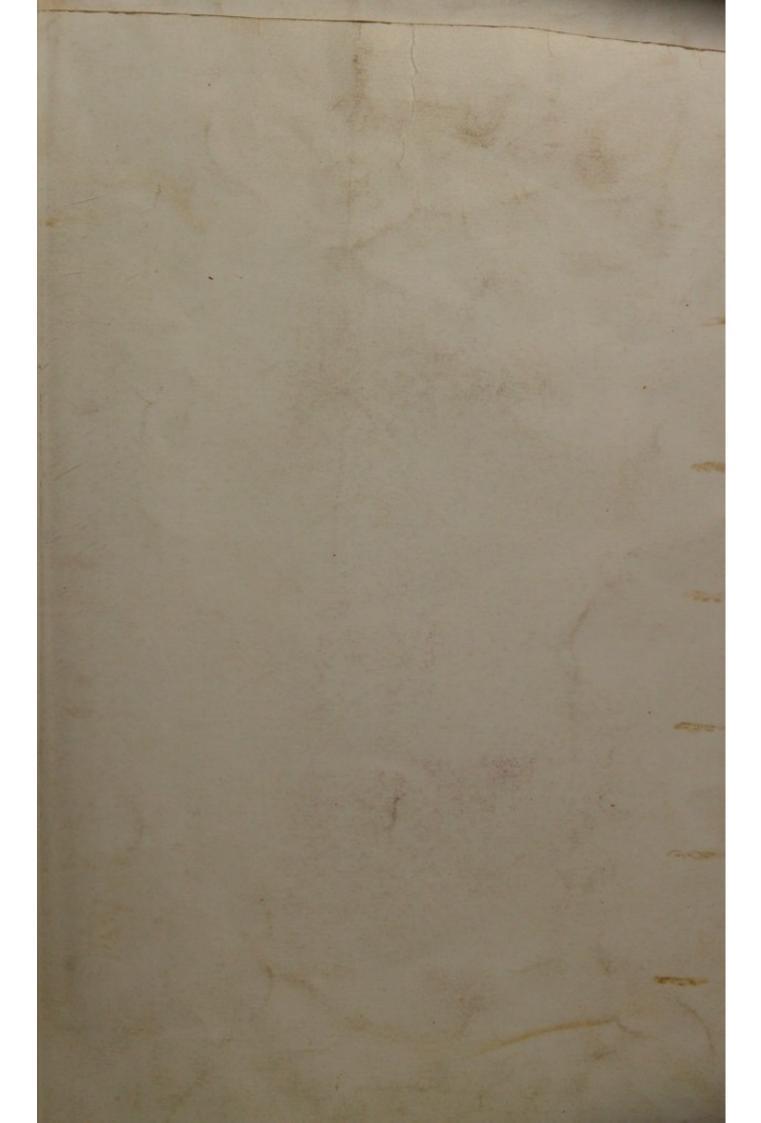
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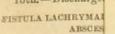


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was not had recour sensible, and does n July 26th.—Goin Aug. 3rd.—Sutur 10th.—Wound en 15th.—Discharges



A short time ago mitted as an out pa been affected for a relief. There was a at the inner corne rounded by an ery the tears. I passe bent at right angle 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

AESCESS AND G

Mr. Cunling said that it was remarkable t 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 invest and in endeavouring to establish their tru Nunneley, however, had committed a sligh 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 ansurism by case of traumatic ansurism of the ophthalmi 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 thad not been happy in abandoning the design 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 and practice. He had always thought that the had committed a mistake of this nature in do of bone of different kinds under the heat tumours." What would be thought of aneurism, other tumours in the popliteal space the lower end of the femur obstructing the

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

F SUREEON

LIVER, SPIRES, AND MIDNEY

Dr. Robinson (Scots Fusilier Cuards) exhibited the

from a child who had never been known to emit any sound from its larynx. Laryngoscopical examination was impossible; but a rounded growth could be felt with the finger which had thought to spring from the thyroid cartilage. The child had been examined by many surgeons, who all came to the same conclusion. After death there was found no cartilaginous tumour, but merely a collection of warty growths. The feeling of a rounded tumour was produced by pressing the tongue of a rounded tumour was produced by pressing the tongue down with the fuger, and so throwing up the byoid bone.

TVELEGEVE CHOMINS

Dr. MACHENZIR also showed a specimen of

separated. The cartilages, as usual in such cases, had become

are had been tried at the carotid one it. Mar. Nunneley from momory, and Then he differed

suming to those of were affected.

These cases. The sanner of organic vere not, as they the cases the que, and the eyes transcent, especially s, in three or four of tonicity in the support of this sans in connexion to the sans in connexion were most would recover by month the connexion to the sans in connexion to the sans in connexion to the sans in connexion to the sans the san

hat Mr. Nunneley ffection so rare as ch credit was due gating these cases 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 artery, in which th success, and a John Scott, both ter, confirmed the nat Mr. Nunneley nation "aneurism ituting "vascular s of very different rom a prominent rgical pathology a late Mr. Stanley escribing tumours d of "pulsating classing 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, In cases of e chief symptom. on the globe, the g to the patient, d the only treathe carotid artery ccurate diagnosis which he had tied orbit ; and withng in the case in Mr. Nunneley Mr. Curling which designated spontaneous or

ried digital presowed that simple

ley's observations all which was far s, with enlarged ck, had attracted hirty years. l by several Gerwritten 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. B. Williams, Mr. Nunneley said that he recognized the group of cases he men-tioned 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 endeavourisg 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 Dr. Broadbent, of Dilatation of the Pelves of the Kidneys, in an infant three months old. There were no calculi. The right kidney was most dilated. 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 urcters, 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



