

Tumour of the brain : congestion papilla.

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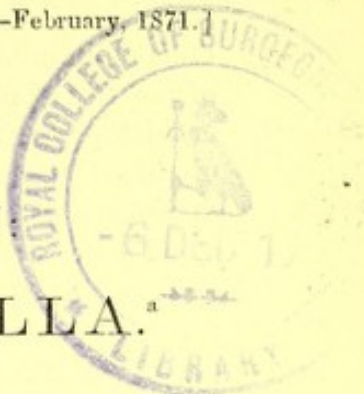
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TUMOUR OF THE BRAIN. CONGESTION PAPILLA.^a

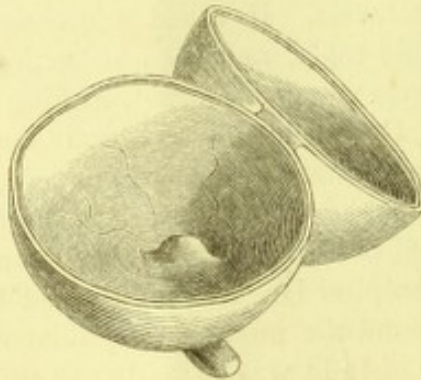


MR. SWANZY said the case which he was about to bring under the notice of the Society was of interest to the physician as well as to the oculist. The patient was a private in the Scots Fusilier Guards. On the 18th of April last, having fallen out faint on the march, he was admitted to hospital in Beggar's Bush Barracks. On admission he was in a heavy, listless state; complained of headache, giddiness, and much vomiting; his pupils were widely dilated. From this time until the 18th of August, when the patient died, the general symptoms consisted in constant headache, frequent vomiting, great drowsiness, and loss of memory, so that he often forgot having had his meals. If asked a question it would be some moments before he would reply, and then his articulation was very slow but distinct. The bowels were very torpid, making the use of purgatives frequently necessary. During his illness of four months these symptoms were sometimes more and sometimes less aggravated. At one time he so far recovered as to be able to take a short walk in the barrack yard; but on the next day he was obliged to return to bed. About a month or six weeks after his admission to hospital Dr. Robinson asked him (Mr. Swanzy) to see the patient. He found the pupils widely dilated, and in the left eye all power of perception of light was lost. In the right eye there was still a slight power of perception of light. The ophthalmoscope revealed that condition of the optic disc described by von Graefe as congestion papilla. This led him to diagnose an increased intracranial pressure, dependent, probably, upon the presence of a tumour within the cranium. The ophthalmoscopic appearances were very similar to those represented in Fig. 2, Table XI., of Liebreich's *Atlas*,^b and were beautifully depicted by Dr. Fitzgerald in the drawings taken during life. There was a great tumefaction of the optic disc. The tumefaction was very prominent, but did not extend far into the surrounding retina. The retinal veins were very much engorged, and very tortuous in their course. They disappeared

^a Read before the Dublin Pathological Society, December 10th, 1870.

^b Liebreich's *Atlas of Ophthalmoscopy*. Translated by H. R. Swanzy. London: 1870.

from view in some places at the edge of the tumefaction, where they were obliged, in order to reach the centre of the disc, to turn round the edge of the tumid part. This condition was produced by an increased intracranial pressure, the cavernous sinus was pressed upon, the return of blood through the ophthalmic vein was impeded, and the retinal veins became enormously congested. It was, then, not difficult to understand how, under these circumstances, a kind of venous strangulation occurred at the narrow and rigid optic entrance, through which the retinal veins have to pass out. A serous exudation occurred here, associated with the formation of cellular tissue, and hence the tumefaction. The autopsy, which was conducted by Mr. Baker, fully confirmed the diagnosis. A tumour, as large as a moderate-sized apple, was found situated in the centre of the brain. It involved the convolution at either side of the longitudinal fissure in the middle and anterior lobes, extending laterally somewhat into each hemisphere, and reaching downwards as far as the corpus callosum, but not implicating it. The tumour was a sarcoma, with small round cells, and in some places it had undergone fatty degeneration. Through the kindness of Mr. Baker, Mr. Swanzy also obtained the right eye, and it formed a beautiful preparation, in which the swelling of the optic disc could still be well seen. The patho-



logical changes in congestion papilla do not extend up the optic nerve, but cease at the lamina cribrosa, thus differing essentially from the disease known as neuritis descendens, in which the morbid changes extend from the base of the skull along the nerve to the papilla.