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CASE OF ACUTE GLAUCOMA.

PERFORMANCE OF IRIDECTOMY, WITH COMPLETE RESTORATION OF VISION.

[Read before the Boston Society for Medical Improvement April 28th, 1862, by HENRY W. WILLIAMS, M.D., and communicated for the Boston Medical and Surgical Journal.]

On the 14th inst. I was asked to see, in consultation, a lady, some fifty years of age, who had for several years been an invalid, from partial paralysis. About four weeks previously, her left eye was attacked with injection, accompanied by little pain, but resulting in a gradual, yet total, loss of sight. I found the globe somewhat harder than natural, the pupil dilated, as if kept open by pressure of the lens against the iris, the iris slightly altered from its healthy appearance, the lens somewhat cloudy, and the cornea appearing to have lost its polish, as if breathed upon. There was scarcely any varicose enlargement of vessels upon the globe, and the eye was in a comfortable condition. Vision was perfect in the right eye. Under these circumstances, I advised non-interference with the left eye; but recommended to her family that should any symptom of disease of the right eye declare itself, it should have immediate attention. I however gave an encouraging prognosis as to the probability of any immediate attack in the other eye.

On the 17th, I was told that the day after I saw her, vision had been suddenly lost in the right eye. It was regained the next day, but for that day only.

I found the eye much injected, and the humors turbid; but the pupil retained its normal size, and she complained of a feeling of fullness rather than of pain in the globe. Examination with the ophthalmoscope showed much congestion of the internal vessels, but the refractive media were too cloudy to allow of a distinct view of the retina. She could merely distinguish the outlines of a figure passing before her.

Leeches were applied to the temple, in the hope that they might effect a mitigation of the symptoms, as they had formerly done in the other eye, and the operation of iridectomy was advised

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for the next morning, as offering the only hope of overcoming the disease.

The next day vision was not improved. Ether was administered to secure immobility of the eye. The cornea was then divided, at its upper border, to the extent of a quarter of an inch, the iris was seized with very delicate forceps near the edge of the pupil, and about a fourth part was drawn out through the wound, and excised, close to the cornea. The anterior chamber was at once obscured by hæmorrhage from the divided vessels. Compresses wet with cold water were ordered to be applied over the eye, and the room was to be kept dark.

On the following morning, the blood was found to be already in a great measure absorbed from the anterior chamber. The injection of the eye was of course considerable; but no pain had been felt, the wounds of the cornea and iris looked well, and the transparent media were clearer. The eye was relieved from a feeling of oppression, and vision was greatly improved.

On the 21st, the injection of the vessels was much lessened. She was advised to take champagne, to increase her appetite for food, which she could scarcely take without it.

The 24th found the globe nearly free from redness, and the pupil had no longer a hazy aspect. She could tell the time by my watch.

On the 27th, only nine days after the operation, the eye was free from injection, the transparency of the refractive media seemed to be restored, and only a slight sensitiveness to light remained. Vision is fully regained, so that she can read a newspaper print.

The large artificial pupil, created in the performance of the operation, having been made at the upper part of the iris, the very great inconveniences of so large an addition to the natural aperture are nearly obviated; as the dazzling influx of light, and irregular refraction, which occur when the iris has been excised on the side towards the inner canthus, are prevented by the covering of the new opening by the upper eyelid. The deformity is also hidden by the lid, and the natural aspect of the eye restored.

The case seems to be worth reporting, as an example of rapid recovery from a severe attack of unquestionable glaucoma; which must have promptly annihilated vision if allowed to go on unchecked. It illustrates, also, the slight danger to be apprehended in operations on the iris, whether done for the formation of artificial pupil under other circumstances, or executed for the relief of glaucoma; these operations being scarcely ever followed by more than the most trivial symptoms of inflammation. Therefore, even when the results I have obtained, in cases of glaucoma, have been less completely satisfactory than in the above instance, I have considered the operation to be fully warranted; as not being, in any event, at all detrimental to the patient.