A CASE OF TUBERCULOSIS OF THE IRIS.¹

BY MYLES STANDISH, M.D., OF BOSTON.

D. A., a girl fourteen years of age, was first seen by me on the 22d of May, 1885, when I obtained the following family history. Her father was a man of good health, and had never acquired syphilis, but had used alcohol to excess. Her mother was a healthy, well-nourished woman, and had borne four children, of whom our patient was the eldest. All the children are living, but are somewhat pale and delicate looking and rather small for their ages. The mother had never had any miscarriages. Neither the mother nor our patient, nor either of her brothers or her sister, ever had any eruption upon the body, any continued sore throat, swollen glands, or any purulent discharge from the ears.

Our patient is small in stature, pale and anæmic, and although her menses have been established for a year, has a peculiarly slight and girlish form. There is nothing in the configuration of the shape of the head or teeth to indicate inherited specific disease. She has always been considered well until the summer of 1884, when she had an attack described as nervous prostration. She attended school, however, in the autumn for two months, when in the last week of November she was taken ill with the following symptoms; pain about the waist, with much distress for breath and an inability to lie down. Ascites soon developed, with severe epigastric pain, nausea and vomiting; there was no jaundice, no evidence of disease of the kidneys, no evidence of any lesion of the lungs, no general tenderness of the abdomen, and no diarrhoea. The diagnosis of her family physician was acute hepatitis. All of the above history was confirmed by this gentleman, who is a skilful physician and accurate observer.

The patient recovered slowly, but in three months' time had recovered her color and accustomed weight, her menses had returned and she was considered quite well.

Four weeks before I first saw her, our patient began to complain of feeling tired and a general feeling of malaise, and about the same time her right eye began to trouble her, with no history of an injury; it became red and the sight gradually became dim, but as she did not complain of much pain the mother supposed it, as she said, to be a cold in the eye, and neglected to apply for advice. Upon discovering, however, that the eye was quite blind she immediately brought her for treatment.

Upon examination, the condition of the eye was found as follows: The conjunctiva somewhat hyperæmic in certain areas near the sclero-corneal margin; the cornea was somewhat hazy, with several deposits on the membrane of Descemet; the iris firmly attached throughout its entire pupillary margin to the capsule of the lens. The pupil blocked by lymph. The iris was not congested, but in general had a somewhat atrophic appearance.

Above the pupil and springing from the iris near its ciliary border was a rounded protuberant growth two millimetres in diameter and projecting from the plane of the iris to an estimated height of one millimetre. This growth was broader at the top than at its base, and of a yellowish color slightly tinged with pink. Over the surface of the tumor coursed several small

vessels. No view could be had of the fundus. An attempt was made to dilate the pupil by the repeated use of a one per cent. solution of atropine during several days; this failing, cocaine and duboisia were used separately and together, all with no effect. V. O. D = $\tau\frac{1}{2}\sigma$.

The case was watched for four weeks, in which time the growth slowly increased to double its size when first seen. A one per cent. solution of atropine was used during this period. This growth of the tumor was unaccompanied by pain, and the conjunctiva became white, presenting only a few enlarged vessels. Vision became reduced to the perception of shadows.

Dr. Wadsworth then saw the case with me in consultation. At this time the eye had not been examined by me for a week, and three new growths, a millimetre in diameter or less, were found springing from the iris at other points near the ciliary margin of the iris. These new growths were not accompanied by any access of pain or congestion of the iris, and by only very slight injection of conjunctiva. Dr. Wadsworth agreeing with me in my diagnosis of tubercle, enucleation was advised. I enucleated the eye on the 20th of June at the Massachusetts General Hospital.

The patient made a rapid recovery, and now appears in much better condition as to general health.

Upon examination of the eye microscopically after removal, the vitreous body was found to be normal, the retina and choroid in apposition to the sclera and normal in appearance, the ciliary body of normal size and not involved in the pathological change, the lens substance somewhat opaque. The iris was attached to the capsule of the lens very firmly throughout the entire circuit of its pupillary margin, and also beneath the entire area of the base of the principal growth. This growth sprang from the iris near its ciliary margin. The base of the growth was two and five-tenths millimetres in diameter, and rose from the plane of the iris two millimetres, when, coming in contact with the cornea, it was spread out, conforming to the curve of the inner surface of the cornea, to a width of four millimetres. It was non-pigmented.

The growth was given to Dr. Harold C. Ernst for examination, and he makes the following report:—

The Warren Anatomical Museum. New growth submitted for analysis July 9, 1885.

A tumor two or three millimetres in diameter lying anterior to the iris and connected with it. The specimen had been previously hardened in Müller's fluid, thus rendering it impossible to speak of its fresh appearance. Having been washed for thirty-six hours in distilled water, the specimen was re-hardened in absolute alcohol, sections made and placed under the microscope. Thus the growth was seen to come from the iris, this side of it being well supplied with vessels. Farther out from the point of attachment the tissue was made up of granulation, with a number of giant cells. No cheesy degeneration was present. Sections stained after Koch's modification of Ehrlich's method showed the presence of a few bacilli of tuberculosis. The first treatment of these specimens rendered the detection of these organisms more than usually difficult.

Diagnosis, Tuberculosis of the iris.

— A case of small pox has appeared at Newport, R. I., in the person of the matron of the Newport Hospital.

¹ Read at the meeting of the American Ophthalmological Society at New London, July, 1885.