CONGENITAL FISSURE OF THE IRIS.

By C. T. MACKIN, M.D.

THE following succinct description of a rare species of malformation seated in the organ of vision may not be altogether uninteresting. But few parallel cases have (as far as I am aware) been described or noticed heretofore by ophthalmological writers.

The patient is a young woman, about twenty years of age—(her mother ascribes the deformity to her having, when "big with child," longed for an apple which another woman had in her hand, which she would not give her; this, according to her opinion, caused the "mark" in the "apple of her child's eye;" a derivation certainly sufficiently far-fetched, and which shows the instinctive love of the marvellous pervading in general the minds of the lower classes)—she is healthy and well-formed in every other respect. The left eye is normal, the right presents a congenital deficiency in the lower margin of the iris of the form and size shown in the annexed sketch, which gives a pretty accurate idea of

this "additamentum" of the pupil. The edges of the fissure (?) appear, on close examination of the organ, somewhat rounded off, and are of a rusty tinge, the remaining portion of the iris being a lightish blue. The texture of the margins of the deficiency is, for about a line in extent, evidently consolidated and dense in its consistence. The portion of the posterior chamber exposed by the lesion of continuity in the curtain of the iris presents the same appearance as the pupil. The shape or extent of the deficiency is not in the slightest degree affected either by the expansion or contraction of the iris, so that the closure of the pupil is, in this case, effected by the action of the orbicular fibres from one fixed point to another; thereby the loss of power consequent on the deprivation of continuity of the orbicular fibres is thus exquisitely compensated. These margins (as Mr. Bartlett and myself have ascertained by repeated examination) not being affected during or by the movements of the iris, become a veritable origin and insertion for the circular fibres, thus preserving the natural form of the pupil, which necessarily would otherwise, during dilatation, become ovoid.

Vision is as perfect as in the other eye, similar also in degree, although the pencils of light impinging on either retina must bear a material disproportion. This may (I should think) be accounted for by the gradual education of the sense of sight from infancy, habituating both retinæ to act in unison and receive but an equal amount of impression.

The cleft iris to which the term "coloboma iridis" has been given by Walther, is described (I find) by him in the "Journal der Chirurgie," p. 72 (1810). In his memoir on the subject he gives six different cases of this affection. Ammon (Zeitschrift für die Ophthalmologie) describes a dissection made by him of the eye of one who presented this malformation. The mother, when pregnant, had been frightened by a cat. During the life of the person he had observed the edges of the cleft expand and contract along with the pupil; in this case, also, there was a similar cleft in the choroid and retina. He states (which is worthy of remark) that the corpus ciliaris still formed a complete circle, though placed between the cloven iris and choroid. Do these cases throw any light on the genesis of the eye? I believe not. The organization is said (as far as I know) to proceed from behind forwards, not from either lateral half. Again, how do these cases, in which the expansion of the pupil is accom-

panied by that of the fissure, and my case, in which the sides of the fissure are quiescent and fixed during both dilatation and contraction, bear on the still open question relative to the mechanism by which expansion, &c., of the iris is effected? These are interesting points.

Rushall, May 13, 1844.

CASE OF OVARIAN DROPSY

IN WHICH

TAPPING WAS PERFORMED SEVENTY-EIGHT TIMES.

By J. C. ATKINSON, Esq.

OF late there has been much discussion on the subject of ovarian dropsy or tumour; some practitioners contending for the extirpation of the diseased ovary and others for palliative and constitutional measures, as less likely to endanger the patient's life. The following case will go some way to prove how often the operation of paracentesis abdominis may be performed without in any way interfering with the ordinary duties of domestic life, or its enjoyments. The subject of the present paper was always prepared, five or six days after tapping, to go about her usual avocations with cheerfulness, and to frequent places of amusement, and this she preferred doing to leading an inactive life.

Mrs. Herapath, aged fifty-three, of Johnson-street, Westminster, came first under my care in the latter part of 1836; she had previously consulted medical men of authority, and had followed their prescriptions, but with no diminution of bulk. Eventually it was thought advisable to tap her, and from that time till May last she had been operated on no less than *seventy-eight times*, by me *seventy-two times*. The fluid at first abstracted was grumous, opake, and highly charged with albuminous matter, as proved by the common test, and the quantity averaged about *six gallons*. For the last twenty times the fluid had been nearly one-half less, its specific gravity considerably diminished, nearly colourless and transparent, and almost wholly void of albumen; and I would observe that her health seemed to have been better when the quantity of discharged albumen was larger. I must here remark that the treatment employed by me to moderate the effusion of the liquid in the ovarian sac,—acupuncture, friction, diuretics, mercurials, pressure, change of air,—were one and all attempted at various times, according to circumstances, but with no definite results. There was an interval of nearly five months from the first operation to the second; from this to the last the period gradually lessened, till three weeks were as much as it was possible for the patient to endure the distention of the abdomen; and owing to the great inconvenience in the epigastrium, and the constant rejection of all food, it was found imperatively necessary to evacuate the fluid at the above-mentioned period.

The part of the abdomen commonly selected by me for the operation of paracentesis abdominis was midway between the umbilicus and the os pubis, and the area within which it was performed was six inches by four, supposing the length to lie between the iliac bones. From experience of its propriety I always carefully avoided wounding the external epigastric arteries or veins, and through this precaution much of the hæmorrhage which usually follows the incision of the lancet was prevented, and which, on several occasions at first, entailed on the patient needless fatigue and faintness.

On the post-mortem examination it was found that the left ovary alone was diseased, enlarged, and full of cysts, about an inch in length, and filled with gelatinous matter, the right being in its normal condition. The abdominal viscera generally were healthy, and the only cause of her death, in my opinion, appeared from mechanical obstruction offered to the food by the rapidly-accumulating fluid, and the excessive exhaustion consequent thereon. There was great emaciation of the whole body. The weight of the tumour was five pounds, and perfectly unattached. At a future time I will enter more minutely into the comparative value of the plans of treatment pursued in this case.

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