CATARACT EXTRACTION WITHOUT IRIDECTOMY,

THE CORTICAL MATTER BEING REMOVED BY INJECTION WITH A SPECIALLY CONSTRUCTED SYRINGE.¹

By W. J. CANT, L.R.C.P. LOND. &c.,

HONORARY SURGEON TO THE LINCOLN COUNTY HOSPITAL.

FOR a period of over two years I have adopted the plan carried out by Dr. McKeown of injecting water for the removal of cortical matter in cataract extraction, but recently with two modifications:—(1) By using what, in my opinion, is a more convenient syringe; (2) by not performing iridectomy. The nozzle of the syringe I use is much smaller in every way; it has no projecting lip, and can be introduced and manipulated in the eye without causing any discomfort to the patient. The body of the syringe is short, so

that the hand of the operator comes close to his work; and although it holds only about twenty drops, this is quite sufficient for ordinary purposes, but if necessary it can be refilled. Messrs. W. Wood and Co. of York are the makers of the syringe.

In the forty cases in which I have performed this operation there has been the greatest success. In none of the cases has there been any tendency to loss of vitreous, no iritis of any moment, and certainly less than in those where iridectomy was performed. This is due, I think, to the absence of any blood in the anterior chamber, and to the iris not being injured. In a few cases the base of the iris has formed a slight adhesion to the wound, but the pupil has remained circular and active. I have never found any trouble caused by this; it is of no more consequence, and occurs no oftener, than the slight adhesions that are sometimes seen when iridectomy has been performed. There were two cases of prolapse—one caused, I believe, by using eserine, which stretches the iris, so that the aqueous, not having means of free escape, forces it out into the wound; the other occurred in a very restless patient. On both these cases iridectomy was done the day after under chloroform without any difficulty, as the wound is kept open by the prolapsed iris, and the result was the same as in the iridectomy cases. No inflammation followed, and the vision was good. The operation is carried out in the following manner, and I performed it on June 12th before the members of the Midland Branch of the British Medical Association:—A solution of homatropine and cocaine is dropped into the eye twice before the operation, so as to have the pupil fully dilated. It is then made anæsthetic with cocaine, and all the parts, together with the instruments, made antiseptic with a perchloride of mercury solution (1 in 5000), the patient being operated upon in his own bed. The eyeball is fixed with the forceps, and the eyelid raised by an assistant, or by the ring finger of the operator, and the ordinary linear extraction incision made with a Taylor's knife, which, having a broad base, prevents the iris falling over the edge. After the section of the cornea has been made, the operator takes charge of the upper lid, introduces the cystotome, and freely opens the capsule. The lens is then gently pressed out with as much cortical matter as possible. During this, the iris prolapses well out of the wound, and the eye is then in the same condition as when iridectomy has been performed. The nozzle of the syringe is introduced, and warm water syringed into the lens cavity. Any cortical matter readily comes away,

the edges of the wound are thoroughly cleaned, the iris falls at once into its place with the help of the nozzle of the syringe used as a spatula. The iris then becomes contracted. A little perchloride solution is allowed to run over the eyeball, the lids closed and smeared with vaseline and atropine ointment, a hot wet pad of sal alembroth wool applied, and then gutta-percha tissue, dry wool, and a bandage. The patient is kept perfectly quiet for twenty-four hours, the eye dressed daily in a similar manner for four days, then a dry pad only.

I have performed this operation in cases where the lens was immature, where there was a large amount of white cortical matter, and in traumatic cataracts, seldom making any selection. In traumatic cataracts it is especially useful, as the lens matter can be removed before inflammation occurs to fix the iris and increase the difficulties. In cases of steel in the lens, I have removed the steel with a magnet, and then the whole lens at once, with the best possible results. It is not necessary to do secondary operations so often, as, there being no iritis, there is no thick membrane formed. The vision, if anything, is better than when iridectomy has been done, as I have proved in patients who had been iridectomised in one and not the other eye; and there are the other advantages of having a circular, active, and natural pupil.

Lincoln.

INFLUENZA.

By CHARLES EGERTON FITZGERALD, M.D.

NOT long since THE LANCET published a short note of mine on "Influenza," in which I expressed the opinion that the so-called influenza was not a disease *per se*, but a profound modification by some unknown "influence" of any ordinary disease which might be present. Since I thus wrote I have had ample opportunity of witnessing and experiencing personally the course and symptoms of this disease, and am more than ever convinced of the truth of the view I then advocated. During the prevalence of the influenza wave I believe the atmosphere to be teeming with some pathogenic "influence," possibly (as it is the fashion nowadays to ascribe everything to microbic agency) to some germ or spore. Or there may possibly exist at such times some electrical state of the atmosphere, which may exercise an unknown but powerful influence on the nervous system. However it may originate, the whole atmosphere seems then to be laden or charged with some subtle poison which profoundly modifies any existent illness. To my mind the whole history of the influenza epidemic points to the truth of this theory. I would ask, What are the symptoms of influenza? They are so numerous and so protean that it is simply impossible to ascribe them all to any one disease. Every organ in the body is in turn affected—the brain, the spinal cord, in fact the entire nervous system. In other cases it is the heart and circulation, the respiratory tract, the bowels and digestive organs, the muscles or the joints which are affected. There is no uniformity about the symptoms; in scarcely two cases are they alike. Take, for example, the temperature; it is sometimes high, sometimes subnormal, sometimes normal. Nor is there less variation in the pulse; it may be rapid, slow, strong, or weak; arterial tension may be increased or diminished. Catarrh may be absent or present, there may be diarrhoea or constipation, prostration or excitement. Perhaps the most general symptom is a passive inflammation of the base of one or both lungs, which generally (not always) clears away rapidly. Again, look at the sequelæ ascribed to influenza, they are at once so diverse and so multitudinous that it seems folly to consider them all as the result of any one complaint. It is scarcely possible to take up a number of THE LANCET without meeting with some new sequela of this protean disease. Paralysis, meningitis, neuralgia, herpes, heart failure, valvular disease, muscular weakness, rheumatism, arthritis, dropsy, alopecia areata, eczema, jaundice, diabetes, albuminuria, dysentery, abortion, these and a host of other maladies, due to disturbance of every individual organ in the body, all are put down to one single cause. It seems to me in the highest degree unphilosophical and absurd to credit any single disease with so varied a train of symptoms and sequelæ. A far more rational solution of

¹ A paper read at the Ophthalmological Section of the British Medical Association held in Birmingham, Aug. 31st, 1890.