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REPORT OF OPERATIONS IN THE OPHTHALMIC DEPARTMENT OF
THE CITY HOSPITAL OF BOSTON,

UNDER THE CARE OF DR. WILLIAMS, FOR FOUR MONTHS ENDING DEC. 31st, 1864.

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EXTRACTION OF CATARACT, twelve cases, in patients from 65 to 75 years of age. In five patients both eyes were operated on the same day. Ether was given in eight of the operations, and more favorable results were obtained in the cases where it was made use of; though, as will be seen, the difference of termination must be ascribed to other causes rather than to the administration or non-administration of an anæsthetic. The downward section was made in ten, the upward in two cases. In only one instance has any secondary operation been required for the removal of remnants of capsule. All but one of the patients were discharged within three weeks from the day of operation. A considerable amount of vitreous was lost in two cases; but no ill consequence followed, the eyes recovering so as to be able to read.

Eight operations have been entirely successful; one will require a secondary operation for the removal of capsule obstructing the pupil, and three have failed. In two of the latter, the conduct of the patient was such, in removing the dressings soon after the operation, and in other respects disregarding the injunctions given him, that the surgeon should not be held responsible for the unfortunate result.

Two operations for Iridesis, for congenital cataract, in a child nine weeks old. In this patient only the central portion of the lens was opaque, and iridesis was done in preference to the operation for solution of the cataract, for the following reasons: first, because the operation involves scarcely the slightest risk, and does not require to be repeated, as is often the case with the operation for division and solution of the lens; secondly, the patient is able, in after life, to dispense with the use of cataract glasses, which are, on the con-

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trary, required when the crystalline lens has been removed by absorption.

The iridesis was done by making a puncture, with a broad needle, through the sclerotica, just in front of the iris, then a fine blunt platinum hook, bent at a suitable angle, was passed through the wound and over the lower margin of the pupil, and the iris was drawn out a short distance, and left between the lips of the wound, there to form adhesions. The pupil is thus displaced downwards, and has a balloon shape instead of the normal circular form; but the deformity is not conspicuous, and, if regarded as such, proves a far less annoyance than the wearing of cataract glasses.

Ether was given, and the child was not conscious of the operation; neither did it appear to suffer a moment's inconvenience afterwards. A slight blush of redness immediately about the minute wounds was the only symptom, and the child was discharged on the third day. When seen a few weeks afterwards, the result of the operation was entirely satisfactory; the child evidently noticing objects, and the eyeballs having lost in a great measure the oscillating motion peculiar to sightless eyes.

Out-scooping of cataract, combined with iridectomy, was performed in one case on a patient of middle age. An incision was made at the upper part of the cornea with a very broad, bent, lance-shaped knife. Iridectomy, upward, was then done, and, the capsule of the lens having first been divided, Critchett's vectis scoop was introduced behind the crystalline, and the lenticular substance removed, the scoop being three times inserted. The patient recovered rapidly.

Iridectomy was done in eight other cases; in one case, of glaucomatous affection, with advantage to the patient, but in several instances of closed pupil after chronic iritis, and in one case of sympathetic ophthalmia, no benefit, as regards vision, was obtained or expected, the cases being regarded as unfavorable, and of too long standing to allow of the hope of restoration of vision, and the operation being performed principally to relieve the pain and arrest the process of disorganization.

The entire iris was removed in one case. The pupil was blocked up by deposits; but as the iris seemed in other respects healthy and the cornea and anterior chamber were normal, it was determined, as the patient's other eye was unsound, to give this eye the chance afforded by iridectomy. When careful traction came to be made upon the lower part of the iris to bring out a portion of it for excision, it was seen that the adhesions of the false membranous deposits closing the pupil were so firm that, instead of separating from them at the lower edge of the pupil, the iris gave way at its upper border. It became folded upon itself in such a manner that Dr. Williams deemed it safer to remove the whole iris than to allow it to remain in the eye. Not the slightest inflammation ensued, the eye recovering as rapidly as after an ordinary iridectomy: but during the ope-

ration the lens and its suspensory ligament were found to have undergone such transformation as to warrant the belief that all the internal tissues must have suffered, and to exclude the hope of vision.

Enucleation of the eyeball in two cases. In the first, the eye had been penetrated on the 3d of July by a fragment of percussion cap, and vision destroyed. About a month later the other eye became affected by sympathetic ophthalmia. All treatment having been neglected till 19th Sept., the time of entrance to hospital, vision in the second eye was limited to scarcely more than a perception of light. The injured eye should have been removed at least as soon as the earliest symptoms were manifested in the other eye; but the operation still offering the sole chance of an arrest of the sympathetic disease, it was determined on. Vision slowly improved in the remaining eye for a brief period; but this temporary gain was followed by a gradual loss of sight, the morbid process going on notwithstanding the performance of iridectomy and a resort to suitable internal remedies.

The second case of enucleation was for melanotic disease. When discharged, the patient was doing well, though sufficient time had not elapsed to allow of an opinion as to the return of the disease.

Division of the internal rectus, for convergent strabismus, was done in four cases, all of them successful.

Ablation of large staphyloma, involving the anterior half of the globe, was resorted to in one case, with excellent success. The protrusion was so large as to interfere with closure of the lids, and caused great discomfort to the patient. After etherization, the operation was done as proposed by Mr. Critchett, five curved needles armed with sutures being first passed through the globe, from above downwards, just posterior to the ciliary region, after which the anterior portion of the eye was excised. The needles were then drawn through, and the five sutures tied. The patient had no pain, and no inflammatory action was set up. All the sutures were taken out within a week, and the patient was discharged on the tenth day. The wound of the eye had then closed, and the patient had an excellent stump for the support of an artificial eye.

ENDURANCE OF HUMAN LIFE.—A remarkable instance of the power of supporting hunger has recently occurred at Horsham, near Melbourne, in Australia. Two boys, aged nine and five, and a girl of seven, being sent into the "bush" to gather broom, lost their way, and after a long search, in which the natives were employed, were discovered sleeping on a clump of broom. They had been eight days and nine nights without food, and with only one drink of water.—*London Lancet*.