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## POLYPUS OF THE IRIS.

BY JOHN H. DIX, M.D.

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THE accompanying engraving of a vascular, fleshy-looking, fibroplastic growth from the iris, I presume to be the only one ever presented to the profession. It is not to be found among the plates of Travers, Demours, Von Ammon or Quadri.\*

In the treatises of some writers—Lawrence, Middlemore, Juennen and Desmarres—morbid growths from the iris, other than syphilitic, are alluded to, but are in no instance so described as to be identified with this, and in some are spoken of as having been seen not by the writer himself, but by others. It is the only instance of this disease within my own observation, or that of several gentlemen of this city who have seen it in consultation or otherwise.

In looking at the plate, the observer must of course imagine in front of the iris and tumor, a transparent cornea and a portion of an anterior chamber. The view here given was taken April 14th, 1852, and I present it rather than one representing the disease at the time it was operated on, May 8th, 1854, when the morbid growth occupied nearly all of the anterior chamber and concealed at least four fifths of the iris, because, should similar cases hereafter be met with, it would be the duty of the surgeon to insist upon an operation at the first recognition of the disease. At a very early period, I believe, for reasons hereafter to be stated, that the growth might be arrested with comparatively slight risk to vision.

I first saw the case April 13th, 1852, and made the following memorandum of it.

April 13th, 1852.—Miss Mary A. D., of Newburyport, æt. 21, three years ago observed, just at the junction of the iris with the sclerotic and cornea, a dark speck of the size of the head of a pin upon the iris of the left eye, on the upper and outer side. The dark spot slowly increased, and six months ago it began to present a red vascular surface. It is now of sufficient thickness to approach very

\* Those of Sichel are not completed.

nearly if not all of its anterior surface, quite to the cornea, and to press the iris slightly backward. Under the influence of stramonium the iris retracts somewhat beneath the tumor, showing that it is not adherent to all that portion of the tumor which lies in contact with it. A dark speck in the sclerotic, near the apparent base of the tumor, suggests a possibility that the texture of the sclerotic and the choroid coat or corpus ciliare is undergoing some change. For some months past vision has been slightly impaired, the tumor encroaching somewhat upon the pupil.

No pain or unusual sensation is experienced, except that applying this eye (the vision of the right has been imperfect for many years, and the globe inverted) in reading for a few minutes, brings on an indescribable sensation, not amounting to pain, but obliging her to desist, and this intolerance of use has increased with the growth of the tumor.

Although posteriorly to the iris no trace of it is visible, it is highly probable that a portion of the posterior chamber of the aqueous humor is similarly occupied, leaving scarcely a hope of an extirpation of the whole growth, surgically, with impunity to vision. It is therefore concluded, in consultation with Dr. Jeffries, who did me the favor to examine the case, to establish behind the left ear some permanent derivative, and to give every second night — Pil. hydrarg., gr. ij.,\* and that no close application of the eyes shall be made.

October 14.—The tumor has increased, and now encroaches considerably on the pupil. The pil. hydrarg. was continued for two months without any constitutional influence. She has sewed and read at pleasure. Four leeches to left temple, and no close application of the eyes.

I now advise the extirpation of the tumor surgically, upon the ground that it is not likely to be checked by any other means, and that the small chance of removing it without complete destruction of the globe, lessens as the growth enlarges. She declined the operation.

May 8th, 1854, a little more than two years since I first saw her. The tumor is very much enlarged. Its base extends along at least one third of the circumference of the iris at its junction with the cornea, and it occupies probably a space very nearly equal to the whole original contents of the anterior chamber, inasmuch as it presses the iris far back into the posterior chamber, while it projects towards the opposite side of the chamber within about half the normal width of the iris. The iris, however, is paralyzed, probably from the presence of the tumor, and by the excessive dilatation of the pupil a crescented margin of pupil is left unobstructed by the tumor, and through it she still has tolerable vision.

Eighteen months ago, in view of the growth of the tumor for

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\* For a year past she has been dyspeptic, and at times constipated. Health otherwise good. One of her parents and a brother and sister died of phthisis.

the previous five months, I advised an operation as a possible means of arresting the disease, and saving her sight, either directly or by means of a secondary operation, upon the ground that with the inevitable increase of the tumor the chances of a favorable result from an operation must very rapidly diminish.

She then declined it, but now, with the understanding of the very faint hope which remains after a growth of the tumor of at least four fold, desires that it may be operated on. Drs. Hooker, Sen. and Jr., of East Cambridge, and Mr. White, a student in medicine, being present, Miss D. was fully etherized. With a cornea knife I made at one cut, as in the superior operation for the extraction of cataract, a section of the cornea, concentric with and to the full extent of the base of the tumor, the knife traversing the tumor in its largest dimension. The anterior chamber was immediately filled with blood and a material of a gelatinous consistency. Of this as much as possible was evacuated, and portions of the sac excised. Dr. Shaw gives me the following account of it microscopically.

Boston, May 10, 1854.

DR. DIX. Dear Sir,—The little tumor of the eye which you handed me appears to have been a *fibro-plastic growth* of the same structure as many nasal and aural polypi. It was composed almost wholly of fibro-plastic cells and nuclei, principally of the elongated or fusiform cells. A few blood globules, but no vessels, were seen; vessels, however, if any existed, might have been destroyed before my examination.

I think I have often seen polypi growing from mucous membranes of a structure and appearance similar to this, but it seems to me that its situation in the anterior chamber is very peculiar.

Yours truly, BENJ. S. SHAW.

December, 1854.—On the third day after the removal of the tumor, suppurative inflammation came on, precluding all hope of a recovery of vision hereafter. The vision of her right eye, formerly strabismic and neglected, has improved very much, its position is rectified, and wearing an artificial one over the left, no deformity is observable.

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The practical surgical value of this case depends upon the following considerations.

That the tumor was not malignant is shown by its structure and by its non-recurrence. Although its ultimate structure resembles that of some polypous growths, it was not, as its appearance indicated, of a firm fleshy texture, like true nasal or aural polypus, but a soft, gelatinous mass inclosed in a thin membrane. An encysted tumor elsewhere can often be disposed of by an evacuation of its contents once, twice or more times, with or without stimulating to inflammatory action the inner surface of the cyst.

At a very early period the soft contents of this might have been

evacuated into the anterior chamber with no greater risk of inflammation, than that which attends the presence in the anterior chamber of a few fragments of lens after an operation upon a soft cataract by laceration, and there is nothing to prevent the repetition of an operation in one more than in the other case, and certainly a similar prospect in both of the removal of the foreign material by the agency of the aqueous humor.

I would therefore suggest to any one who hereafter meets with this disease, to open freely through the cornea at the earliest possible period, the very thin membranous sac by means of a common cataract needle, or (which would, perhaps, facilitate a free incision of the sac with no greater loss of aqueous humor) with Langenbeck's needle.\*

If, from the first operation, no inflammation of the iris or globe follows, and the membranous cyst re-unites with a re-production of its contents; at the second operation, in making the incision into the tumor, the instrument might be rubbed against the inner surface of the cyst to such a degree as to produce adhesive inflammation within it, and still not compromise the integrity of the eye.

*Boston, April, 1855.*

## A NEW METHOD OF TREATING FRACTURED CLAVICLE.

BY SAMUEL CABOT, JR., M.D., BOSTON.

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It is always difficult to get a good or tolerably smooth union of the clavicle, when completely broken across anywhere except at its acromial end; and as from its position, its appearance is of more importance, particularly to women, than that of most of the other bones of the body, I have thought that any practical hints which might lead to the prevention of the deformity resulting from an uneven union of this bone, would be acceptable to the profession. The muscles which act upon the broken clavicle, are the sterno-cleido mastoideus, which tends to pull the inner fragment upward, and which is antagonized by part of the pectoralis major. The trapezius, which tends to pull the outer fragment backward, and which is antagonized by part of the deltoid. And, lastly, the subclavius, which acts to pull the fragments over each other, shortening the bone.

The great difficulties in the treatment of this fracture, are to put and keep the bone extended so as not to allow the fragments to overlap and thus form an unsightly bunch; to keep them still and in apposition, so that the union may take place with the least possible callus; and, lastly, to accomplish these indications, so far as possible, without severe and long-continued suffering and subsequent partial paralysis of the limb. I shall not discuss the well-

\* Sharply curved and cutting on the convex edge for a line and a half from the point.