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REPORT OF THE OPERATIONS PERFORMED IN THE OPHTHALMIC  
DEPARTMENT OF THE CITY HOSPITAL, BOSTON, DURING  
THE YEAR ENDING DECEMBER 31, 1866.

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[Communicated for the Boston Medical and Surgical Journal.]

EXTRACTION of cataract has been done forty-two times by the ordinary flap method; the upper section having been made in all but six cases. Anæsthesia has been induced in all instances; usually by the inhalation of pure sulphuric ether, but in some cases, where the patient has been more than ordinarily insusceptible to its influence, this has been reinforced by the addition of a little chloroform. No accidents, from loss of vitreous or otherwise, have resulted from its administration, though emesis has sometimes occurred, during or after the operation. Iridectomy has not been resorted to, either previously to or at the time of operation, in these cases of flap extraction.

In twenty-five of the cases, a suture has been inserted at the centre of the margin of the corneal flap, as practised for the first time at this Hospital; a very delicate needle, one fourth of an inch in length, and a single strand of the finest silk, being made use of. The average period during which this has remained *in situ*, before becoming detached or being removed, has been nine days; but in one of the cases it was allowed to remain forty days, as the patient could not keep the eye sufficiently quiet to permit of its removal, and as it was not a source of any considerable annoyance. As a rule, however, the suture has been snipped off at the end of a week or ten days from the time of the operation; or even earlier, where the wound has become securely united.

The suture has never, so far as could be judged, had the slightest unfavorable influence on the progress of the cure; and its advantages in promoting the healing of the corneal wound, in preventing prolapse of the iris or vitreous, in admitting of the continued dilatation of the pupil, and in allowing the surgeon to examine the eye, daily, after the operation, are so obvious as scarcely to require mention.

VOL. LXXVI.—No. 4

In these, and in the seventeen cases where no suture was introduced, the same dressings were applied, small compresses being placed next the eyes, upon which were put graduated pledgets of soft lint, so as to restrain the movements of the eyeball without more than very moderate pressure upon it. This is kept in place by a flannel roller passed twice around the head; flannel being preferred on account of its elasticity.

Of the twenty-five suture cases, twenty-one were successful; one failed, from proliferous degeneration of the intra-capsular cells followed by iritis; another was temporarily unsuccessful from closure of the pupil, but can be relieved by iridectomy; two are still under treatment.

Of the seventeen cases where no suture was applied, sixteen were successful; and one failed in consequence of prolapsus iridis.

It should be stated, that in five of the cases above reported as successful, it was necessary to do a slight secondary operation, to lacerate portions of the capsule which interfered with distinct vision, before the patients obtained the power of seeing to read.

The average stay of the patients in the Hospital was twenty-two days.

Most of the extractions were done through the upper section of the cornea—that being preferred where no suture is employed; but as it was found easier to insert and to remove the suture from a flap by the lower section, this has been practised in the cases operated on near the end of the year; the placing of the suture having been adopted as the general rule.

Three operations of extraction by out-scooping combined with iridectomy were performed during the year. One of these was successful. The other two, on the same patient—a woman in feeble health and addicted to the excessive use of opium—were followed by irido-choroiditis and failure.

Out-scooping, with iridectomy, was also done in three cases of dislocation of a cretaceous lens into the field of the pupil or into the anterior chamber; and was followed by complete relief of the ciliary neurosis and the symptoms of sympathetic inflammation in the other eye, and by restoration of an almost normal appearance of the eyes; no improvement as to vision being expected from the operation.

The same method was employed in a case of traumatic cataract caused by a bit of steel, which had destroyed vision two years previously, and had caused partial disorganization of the globe, with symptoms of sympathetic irritation in the other eye. The lens, with the foreign body, was removed, with complete relief of all morbid phenomena.

Iridectomy was done in twelve cases for the relief of occlusion of the pupil resulting from iritis. In eight of these good vision was gained, in two others there was slight improvement; and two cases, where the operation was done as a forlorn hope, resulted unsuccessfully.

Staphyloma of the cornea was excised in three cases; sutures being inserted and the edges of the wound drawn together, according to Mr. Critchett's method. No inflammation followed, and the eyes, after the operation, retained almost their normal size.

In one instance, staphyloma of the cornea was rendered less prominent by the performance of iridectomy, without the necessity of resorting to excision.

The operation by suction through a small tube, after division of the capsule, was successfully practised for the removal of a soft cataract of ten years' standing, from a patient 28 years of age.

An abscess of the globe was opened, to give relief from the intense pain caused by intra-ocular pressure.

In three cases of glaucoma of both eyes, the eye most recently attacked was operated on by iridectomy, with complete success as regarded restoration of vision. The other eye of the same patients had become so far disorganized that no hope of vision remained, but it was necessary to perform iridectomy and remove the glaucomatous cataracts by out-scooping, to relieve the intense pain which still continued. This was immediately effected.

Three other cases of chronic glaucoma were also relieved of persistent and intense suffering by iridectomy; but the period when hope of restoring sight might have been entertained had long since passed.

One case of congenital cataract, in which iridectomy had been done with much advantage, was subjected to a second iridectomy to enlarge the visual field. But as the patient did not inhale ether, the capsule was probably injured in some slight movement of the eye, resulting in the slow absorption of the lens. The patient will therefore require a cataract glass instead of seeing without such aid, as had been intended when iridectomy was selected in preference to division of the crystalline.

Three congenital cataracts, in young infants, were successfully removed by division of the capsule and anterior portion of the lens by a fine needle passed through the cornea and pupil.

Division of the lens was also done in two cases of traumatic soft cataract; and removal of the opaque capsule with the canula forceps in two other traumatic cases—in all instances successfully.

Ten secondary operations were done, in cases which had previously undergone cataract operations, for the laceration or removal of portions of opaque capsule. Nine of these resulted successfully; in the tenth the patient recovered sufficient vision to enable him to find his way alone.

Operations for division of soft cataract were done on both eyes of a man 39 years of age; resulting in slow but complete absorption of the lenses, but requiring secondary operations for division of remnants of capsule before he obtained complete success.

In two cases where the eyeball had sustained traumatic injury, and

continued morbidly irritable, the globe was removed, to relieve the ciliary neurosis and avert the danger of sympathetic affection in the other eye. In another similar instance it was thought sufficient to remove only the anterior part of the eye, including the ciliary region. Satisfactory results were gained in all the cases.

In a patient whose right eye had been destroyed by a piece of percussion-cap five years previously, and whose left eye began to fail and to be painful eight months after the injury, the operation of iridectomy was done on the left eye, with excellent results—taking into consideration the unfavorable circumstances—the patient being able to tell the time by a watch on the fifth day after the operation, and leaving the Hospital with every prospect of considerable further improvement.

A large opaque deposit, perhaps of decomposed acetate of lead, was removed from a cornea with excellent results as regarded the appearance of the eyes and the amount of vision.

Paracentesis of the anterior chamber, for evacuation of the aqueous humor, was twice done on a patient affected with conical cornea, at intervals of three months; with great relief as regards intra-ocular and circum-orbital pain, and with improvement of vision. The operation has been several times repeated upon this patient during the last eight years—always with temporary advantage.

Fifty-one cases of strabismus have been operated on, by division of one of the muscles; most of these being out-patients. Many other milder cases—of staphyloma, pterygium, entropion, abscesses of orbit and of lachrymal sac, tumors of lid, &c., were operated on as out-patients.

#### OBSTETRIC TEACHING AND PRACTICE IN VIENNA.

[A letter written to the Norfolk (Mass.) District Medical Society, by D. F. LINCOLN, M.D., of Boston, late a member of the Norfolk Society. Read January 16th, 1867.]

THE "General Hospital" in Vienna is truly worthy of its name. Within its walls are delivered, every academical term, about eighty courses of lectures to all classes of medical students; varying in length from six weeks to three or four months, and embracing every possible ramification of modern medical science. Among the departments into which it is divided, almost entirely independent of one another, though occupying the same range of buildings, the midwifery section is prominent; giving shelter and care to about nine thousand (9000) women annually, and maintaining a corps of two professors and two assistants or sub-professors, it is almost unequalled in the world for the facilities it affords for obstetric studies. This fact is by none better understood than by the Americans. The English and Scotch are outnumbered by our countrymen; the French do not come to Vienna at all; the Poles, Hungarians and other neigh-