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MISCELLANEOUS OPHTHALMIC CASES

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Case I.—*Epithelioma of Lower Eyelid—Removal by Excision—Re-establishment of Eyelid by Plastic Operation—Recovery—Twenty Months Later no Return of the Disease.*

M. B., æt. 47, admitted November 18, 1879; a robust woman of Irish parentage. Fourteen years ago a small, wart-like growth made its appearance near the outer extremity of left lower eyelid. The little growth slowly increased in size, and at the end of three years was about as large as a French bean. About this time a scab formed on the surface, and being rather unsightly she was anxious to get rid of it. With this object in view she squeezed the lump on several occasions, without any other effect than the removal of the scab; this was followed by a slight watery discharge, and in a few days the scab always formed again; meanwhile the tumour gradually increased in size, but did not cause any particular inconvenience. During the last two years, however, rather rapid progress has been made, and the growth begins to present a decidedly formidable appearance. A large oval, hard-based, craggy-looking ulcer occupies the lower eyelid in its external three-fourth, and extends downwards at least one inch, measuring from the edge of the lid; the surface of the ulcer is dry, and for the most

part covered with a dark incrustation like dried blood, but in places presents firm, pale elevations, somewhat resembling granulations. Its edges are raised and tuberculated. Although the free border of the eyelid is involved in the growth, the conjunctival surface is soft, smooth and almost normal in appearance. There is no evidence of enlargement of lymphatic glands either in the parotid or cervical regions. To render the diagnosis certain, a small portion of the tumour was scooped out from near the centre of the ulcerated surface; this, examined under the microscope, showed the usual characters of epithelial cancer.

In view of the strictly localized condition of the disease a favorable prognosis was given, and the patient readily consented to have an operation performed. It was decided to remove the growth completely with the knife, and to restore the consequent loss of substance immediately by means of a suitable plastic operation.

The patient was etherized and an incision made through the outer canthus somewhat more freely than is done in the ordinary operation of cantholysis; next the palpebral conjunctiva was carefully separated from the lower eyelid, from its outer almost to its inner extremity. An incision was now made through the integument and the remaining structures of the eyelid, commencing at a point just external to the lower punctum, and being carried deeply in a curved direction around and below the tumour, to terminate in the outer extremity of the incision made through the outer canthus. Care was taken to keep the entire incision quite beyond the limits of the tumour, and all the soft parts included were cleared away in detaching the growth from its base, thus exposing the periosteum covering a corresponding portion of the lower and outer orbital margins, and leaving a large gaping wound to be filled up, and thus restore, if possible, a presentable looking eyelid. The task was not difficult, as it was obvious that a sufficiently large flap of

skin could easily be brought down from the temple. From the outer margin of the wound an incision was carried up external to the eyebrow, and a sword-shaped flap cut from the skin of the temple sufficiently large, when loosened from its subcutaneous connections and brought downwards and forwards, to fill the entire gap, caused by removal of the tumour, and to admit of being accurately stitched into its new position without too much traction. The lower palpebral conjunctiva was stitched to the upper edge of the flap, and the margins of the latter elsewhere accurately united to the adjacent integument by means of interrupted silk sutures; a very satisfactory substitute, for the lower eyelid was thus obtained. To prevent any unsightly irregularity of surface, a small additional triangular piece of skin was excised at the junction of the lower edge of the flap with the outer edge of the wound. The skin at the margins of the temporal incision was loosened by a few strokes of the scalpel, and the opposing edges brought, for the most part, together by means of three hare-lip pins. When the operation was completed, the parts presented a most satisfactory appearance; there was very little disfigurement, and the new eyelid, deriving its blood-supply from a broad base formed by the integument in front of the ear, retained a florid hue. The wound was covered with dry boracic lint; over this was placed a layer of cotton wool and a bandage. This dressing was changed once daily. At the end of twenty-four hours one of the hare-lip pins was removed, and union by first intention was found to have taken place along both edges of the flap, excepting at its lower and outer extremity; next day another pin and most of the sutures were removed, and on the fourth day all artificial support was taken away. The lower end of the temporal wound, where the integument had not been brought together, was beginning to granulate, only at the outer extremity of the lower edge of

flap union was imperfect. The new eyelid appeared firmly united everywhere, but was swollen, glistening, and of a somewhat dusky hue, and it was evident that pus had formed beneath it. An aperture was made at the outer end of lower border, some pus escaped, and a small piece of drainage tube was inserted. Slightly carbolized warm water dressing, with gentle injections of the same fluid beneath the flap morning and evening, constituted the remaining treatment. At the end of two weeks the cavity beneath the flap had filled up, and the small surfaces still remaining unhealed were granulating and healing rapidly.

Patient was discharged on the 5th of December, or seventeen days after the operation, with the wound almost entirely healed and the line of union of the new eyelid, with the adjacent parts, already scarcely observable. From a photograph recently taken, now twenty months after the operation, it appears there has been no return of the disease, and a casual observer would hardly be able to discover any difference in the appearance of the two sides of the face. The favorable prognosis given has therefore been justified by the result, and the efficacy of the knife in eradicating cancerous tumors from the eyelid once more exemplified.

CASE II.—*Chronic Irido-Choroiditis, with Secondary Cataract, &c.—"Excision of the Pupil" and Removal of the Opaque Lenses—Partial Restoration of the Vision.*

This case is of some interest, because it strongly illustrates the sad results of neglecting to obtain surgical aid until the time for successful intervention has passed away. It is to be hoped that with a more widely disseminated knowledge of the preventable sources of blindness, the histories of such cases will ere long only be found in the records of the past.

M. C., æt. 26; from the Province of Ontario; admitted April 1st, 1878. Is a well-developed, naturally robust, young woman. States that four years ago she took what was thought to be a cold in the eyes; this was attended with pain and dimness of sight. From this attack she recovered with some impairment of vision. Several similar attacks of inflammation of the eyes occurred during the ensuing twelve months, each one leaving vision more defective than the preceding. Vision continued to fail; at the end of two years she had become quite blind, and has remained so ever since. Was treated for inflammation of the eyes occasionally, but can give no definite information as to the character of the treatment, except that lotions were used, which usually had the effect of increasing the pain in the eyes. Believing that her case was hopeless, she gave up all treatment and resigned herself to fate. The eyes, though latterly not painful, are always more or less uncomfortable and feel weak, and water a good deal when exposed to ordinary daylight.

When admitted into the Hospital they presented the following conditions:—There is a slight degree of pericorneal injection which is considerably increased when the eyes are exposed to light and during examination. The corneæ are normal. The irides are turbid in appearance and lacking in the delicate striation of health; their anterior surfaces are smooth, and thrown forward so much that the aqueous chambers are exceedingly shallow. The pupils are small and have a dull, grey appearance, partly due to the presence of the products of inflammation across them, and partly to an opaque condition of the crystalline lenses. Solution of atropia freely instilled into the eyes has no perceptible effect, from which it may be inferred that there is complete adhesion of the posterior surface of irides to the lens capsules. There is good quantitative perception of light in each eye, but the left one only is capable of distinguishing the direction of

light concentrated upon it by means of a concave mirror held in various positions. Tension is sub-normal in both.

Founding the prognosis on these facts, she was told that the right eye was hopelessly lost for visual purposes, but that an operation might possibly be the means of restoring some sight to the left, and that, even though the operation should fail to restore vision, the constant discomfort from intolerance of light would probably be relieved.

On the 3rd of April the patient was etherized and an operation performed upon the left eye, the object of which was to remove the opaque lens and make as large an artificial pupil as possible. The incision made was about the same as for the so-called modified linear extraction of cataract, puncture and counter-puncture passing however through both iris and lens, so that the capsule of the latter was freely divided and the peripheral portion of the upper third of iris cut through. The upper fourth of the iris, having been detached by two converging cuts made with a pair of iridotomy scissors from either angle of the wound to the lower border of the pupil, was now removed. The lens being soft, was readily removed by pressure on the cornea with the back of a silver curette. The large triangular pupil then appeared quite black ; no vitreous humour escaped either during the operation or subsequently. The wound healed without delay, and at the end of the third day an examination of the eye revealed a shallow anterior chamber and good large artificial pupil, the appearance of which was somewhat cloudy, though there was not any distinct mass of lens substance to be seen. The reaction was not more than usually occurs with an ordinary extraction of cataract. Atropine instillations, a light compressive bandage, and rest in bed constituted the after treatment. At the end of two weeks there was evidence of mild inflammation of the iris, with a tendency to drawing up of the pupil.

Small doses of quinine were given before meals, and as much sublimate as the stomach would bear, administered after food three times daily. The eye was fomented with warm water for twenty minutes, thrice daily, each fomentation being followed by an instillation of atropine. Both eyes were protected from light by means of a compressive bandage. Under this treatment the pericorneal injection and irritability of the eye gradually subsided.

A similar operation was performed on the right eye three weeks after that upon the left, not with the expectation of restoring vision, but merely in order to improve its condition by removal of the opaque lens and restitution of the anterior chamber to something like its normal state. In so far this operation was also attended with a satisfactory result, for although a moderate degree of inflammatory reaction followed the operation, and the same contraction of the pupil took place as has been noted in regard to the left eye, a sufficient space remained unimpeded to establish a fairly good anterior chamber. The patient was kept in Hospital until both eyes were free from all pericorneal injection, even when exposed to light. At the date of discharge a note was made to the effect that the left eye had recovered vision sufficiently to enable the patient to see her way about, and to count fingers at about four feet distance, with a prospect of further improvement. The right had improved from quantitative to qualitative perception of light. The patient's condition was now of course very much less deplorable than that of complete blindness, but still far from satisfactory when it is remembered that a timely interference—say, for instance, shortly after the second attack of inflammation—would have enabled her to retain almost unimpaired vision.