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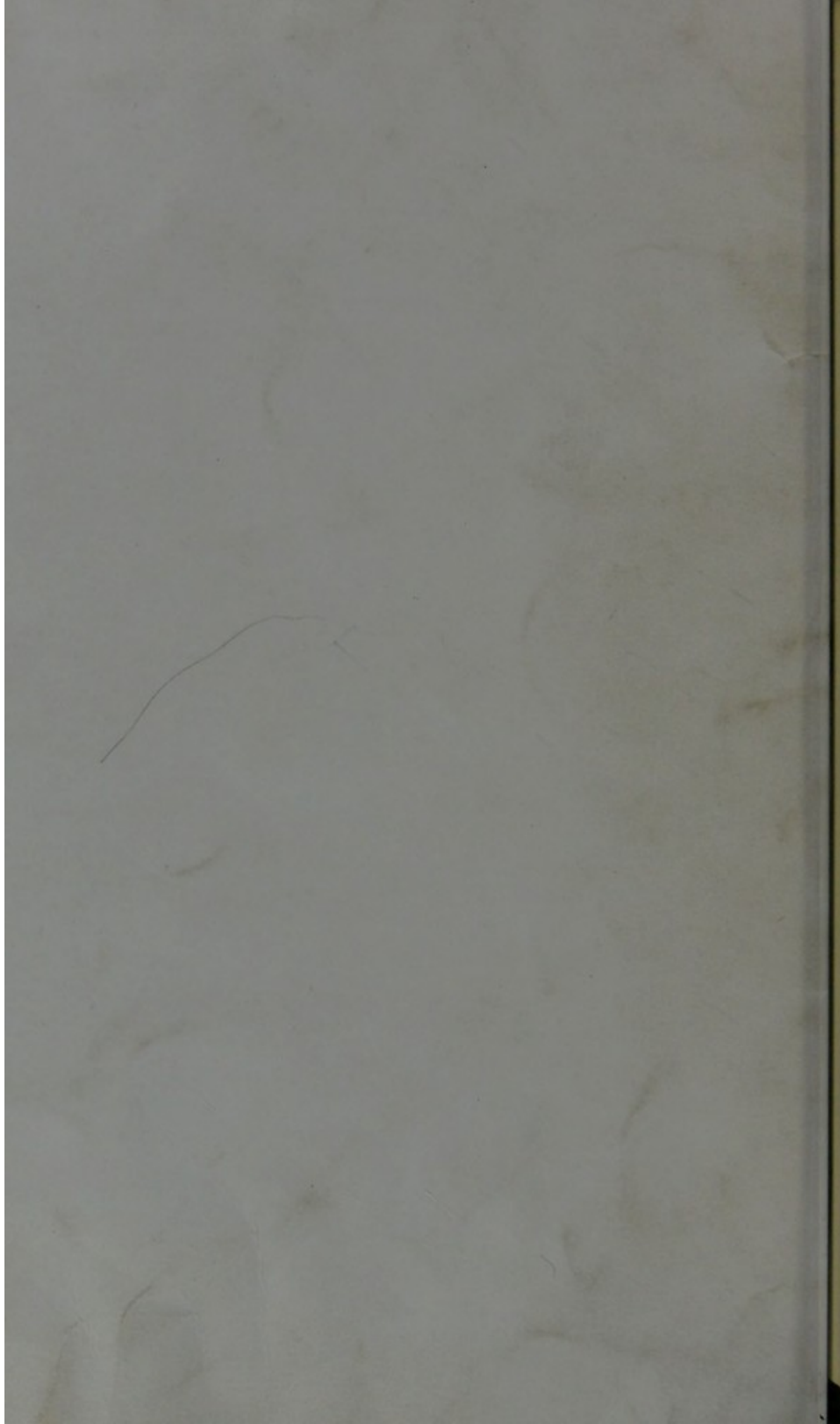
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REPORTS OF CASES

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TREATED AT THE

GLASGOW EYE INFIRMARY.

BY ANDREW ANDERSON, M.D.,

LECTURER ON THE PRACTICE OF MEDICINE IN ANDERSON'S UNIVERSITY.

FROM THE MONTHLY JOURNAL OF MEDICAL SCIENCE, JANUARY 1848.

EDINBURGH:

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REPORTS OF CASES

OF THE

GLASGOW LAW INSTITUTE

1881

BY ANDREW WATSON, M.A.

LECTURER ON THE LAW OF SCOTLAND IN THE UNIVERSITY OF GLASGOW

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1881

REPORT.

My last report contained an account of the post-febrile ophthalmitis observed in Glasgow some years ago. I now venture to record a few cases of more various character.

I.—*Successful Extirpation of an Enlarged Lachrymal Gland.*

David Gibson, aged nineteen, a healthy country lad, presented himself on the 29th of November 1843, with protrusion of the right eyeball. This had been first noticed four months previously; and the only cause to which he could refer its occurrence, was his having received a scratch with a nail on the lower sinus of the conjunctiva two months before.

On his admission I found the eyeball forced downwards and outwards, so that the upper edge of the right cornea had come to be on a level with the lower edge of the left. The lower lid was everted, and the globe of the eye projected somewhat over the malar bone.

This displacement was evidently produced by a tumour, the very hard nodulated edge of which could be felt protruding the outer part of the upper lid, just under the edge of the orbit, and could scarcely be moved, in consequence apparently of adhesion to the bone. I doubted at first whether it were not an exostosis, so hard and firm did it feel.

It seemed unconnected with the eyeball, which enjoyed its normal motions, and there was no protrusion under the conjunctiva. That membrane was slightly inflamed; but the skin covering the tumour was healthy. No uneasiness had ever been felt in the part, which could be handled without pain, and, notwithstanding the displacement of the eye, the patient could with it read letters an inch long.

On the 7th of December, with Dr Mackenzie's sanction and assistance, the tumour was removed.

An incision was made through the skin, orbicularis muscle, and fibrous layer of the upper eyelid, close under the eyebrow, and parallel to it, from its outer nearly to its inner angle; the levator muscle, tarsus, and conjunctiva being then depressed, the edge of the tumour was exposed.

The mass was with some trouble detached from the lachrymal fossa and roof of the orbit, to which it adhered with considerable tenacity; and having been then grasped with a pair of hooked forceps, was drawn forwards, so that by a little careful dissection I took it quite away.

Very little blood was lost, and the wound was closed with three stitches. The tumour was firm, oval, and slightly nodular, about as large as a chestnut, and closely invested by fibrous membrane. It had a uniform granular structure, without any bands or septa, and the central parts were the firmest. Under the microscope it appeared to consist of a fine fibrous tissue.

The eye retired into the orbit at once when the tumour was removed.

Considerable swelling of the lids ensued, and the lower sinus of the conjunctiva protruded much, having become infiltrated with lymph, so that I was subsequently obliged to cut it off.

The incision healed by the first intention, except at one point, from which pus was discharged in considerable quantity for about ten days; after that time the swelling had subsided. The eyeball gradually regained its natural place, and by the end of the month the patient was dismissed, seeing perfectly to read small type, and enjoying all the natural motions of his eye. The cornea, which had been for a fortnight after the operation rather dull, had now regained its natural moisture and polish.

Interesting cases of tumour of the lachrymal gland will be found in Dr Mackenzie's work, and in the late numbers of the Dublin Quarterly Journal of Medical Science; in Mr Lawrence's Treatise there are also several recorded, one in particular which much resembles mine.

In *this* the favourable circumstances were, that the tumour did not stretch among the muscles of the eye, and was not very large. Hence it was not necessary to disunite the lids at the outer canthus before removing it, nor to risk destruction of the levator palpebræ. To make, as some have recommended, a vertical incision on the brow, seems to me useless at the least; for the bony edge of the orbit must needs always bound the space we cut in, and may in all cases be laid bare by the incision which I practised.

It is obvious that the sooner such an operation is undertaken, the better for the patient's ultimate power of sight; and the result of the present case fulfilled my most sanguine hopes. The optic nerve will bear much stretching without irremediable injury; although, after displacement such as this, some time must elapse before its functions can be perfectly regained.

II.—*Hypertrophy of the lower portion of the Lachrymal Gland.*

John Whitelaw, a healthy boy of eight years old, appeared at the Infirmary on the 24th of May 1845, each eye presenting an appearance which I had never before observed.

An elongated granular mass, evidently formed by the hypertrophied lobules of the lower portion of the lachrymal gland, encroached on the outer half of the upper sinus of each conjunctiva, and caused, when the eyes were shut, a slight external fulness. The affection seemed to have existed for a considerable time, but no more minute history could be obtained.

By repeated leeching, and inunction of blue ointment into the skin, the swellings were in a month's time reduced to one-third of their original bulk. The boy then ceased to attend.

I have not been able to find recorded any case precisely resembling this; but have little doubt of its being of the nature I have assumed for it.

It was the appearance of the swellings, rather than any uncomfortable feeling, which seemed to create uneasiness in the mind of the mother of the boy: and, had the mercurial frictions proved useless, an operation for the extirpation of the tumours would, in my opinion, have been quite unwarrantable.

III.—*Intermittent Strabismus.*

Agnes M'Gilvray, a rather delicate-looking child of five years old, was brought to the consultation on the 21st of July 1845, squinting inwards most decidedly with both eyes. Her mother stated that she had done so for about two years, during which she had once or twice had symptoms supposed to indicate irritation within the head; but that the most curious part of the malady was its being regularly intermittent, for she squinted only on alternate days; or if by chance the convergence should last, as it sometimes did, for two days, there followed other two during which the squint was absent.

I scarcely believed the story at first; but soon had ample proof of the correctness of the mother's statement. Next day the strabismus was gone, and on the following day it had returned; and the affection seemed to undergo no change for the space of two years, during which the child continued to present herself at intervals.

I had recourse to various treatment, but in vain; quinine, iodine, and other remedies, had no effect; on the 2d of June 1847, she was reported as still squinting on alternate days.

This is a remarkable, and, as far as I know, a solitary case. The records of periodical diseases are however so curious, that nothing of this kind need much surprise us. I am not inclined to lay much weight on the presumed head symptoms as indicative of organic cerebral disease of any kind. I think it much more likely that the disorder is purely functional, and hope for its disappearance as the girl grows older.

IV.—*Subcutaneous Osseo-calcareous Tumour of the Eyelid.*

Charles Forbes, aged twenty-six, presented himself on the 5th of July 1844. Eighteen months before, he for the first time observed, under the skin of the left lower eyelid, towards the inner canthus, a small hard tumour about the size of a large pin's head. It was at that time perceived only when he stooped; but it grew rapidly, and in the course of a month had acquired its present size, about that of a field-bean, and had become permanently visible.

I found it lodged in the cellular tissue of the eyelid, being sunk between the eyeball and the edge of the orbit, from which place, when the eye was pressed upon, it started forwards under the skin, below the inferior lachrymal canalicule.

The concretion, as it seemed to be, caused no pain; but its pressure on the eye produced a haziness, of which the patient complained as being diffused over the upper part of his field of view.

I extracted the mass through a small incision in the skin; and found it to consist of concentric osseo-calcareous layers, enclosed in a cartilaginous shell.

As the wound healed, vision went on improving.

I am at a loss to account for the origin of this body. I at first suspected that it might be a lachrymal calculus; but its position and its structure, as discovered after it had been removed, forbade the idea.

V.—*Examples of the Operation for Artificial Pupil, with Maunoir's Scissors.*

1. Samuel Espie, a healthy young man of twenty-one, was admitted to the Eye Infirmary, April 30th, 1845. His left eye had been blown out by small shot sixteen weeks before, and the right cornea had at the same time been wounded. In consequence of this injury, the pupil appeared displaced upwards, so as to be close to the edge of the cornea, while it was much elongated transversely. The mere slit which it thus formed was filled up with lymph, and vision was reduced to mere perception of the presence of light.

The eye being quite free from irritation, I proceeded, three days after, to the operation, performing it with Maunoir's scissors in the usual way. The cut in the iris gaped widely, and there was but little bleeding. The eye did not inflame, the wound healed kindly, and the oval, pointed pupil remained clear.

On the 14th of May, Espie could distinguish a pen; on the 21st, he could read letters an inch long: and in a year after the operation he could, with two and a half inch cataract glasses, read a large printed bible without much difficulty. Subsequently, I regret to say, he took fever, since which his vision has not been so good.

2. Marion Martin, aged twenty-seven, a healthy young woman from the country, presented herself May 28th, 1845. The left eye had, in consequence of an injury seventeen years before, become atrophic, and with the right she could barely count the fingers held between her and the light, that eye having, in the following year, suffered from inflammation. Its pupil was, on her admission, found to have contracted round a patch of opaque capsule, to which its edge adhered so firmly that belladonna could not move it in the least.

As I had but little hope that I should be able to tear up this adhesion with a cataract needle, I attempted to destroy it with Maunoir's scissors, introduced as in Espie's case, but used not, as then, to incise the lower fibres of the iris, but rather to cut the opacity out of the pupil. In this I succeeded, leaving an aperture pretty clear, and nearly circular.

This was done on the 1st of June, and considerable inflammation followed, obliging me to take a little blood from the arm, and leech the temple. The lens, at the same time, became opaque, and filled up the pupil.

Early in July I introduced a common cataract needle through the sclerotic and broke up this cataractous lens; but the eye again inflamed in consequence, and the pupil once more closed around some shreds of capsule.

On the 7th of August I operated once again with Maunoir's scissors, and then just as in Espie's case. A good quantity of opaque softish lenticular substance escaped through the incision, and the pupil, as in his case, continued clear and open. There once more ensued considerable inflammation, for which I judged it necessary to bleed again, and gently to mercurialize my patient. On the 20th of August the eye was quiet, and the pupil clear.

It was interesting to trace the gradual return of vision after so many years of blindness, although the presence of the inflammation complicated of necessity in some degree the result. For a few days after the final operation the patient could perceive nothing but much light of various colours; in a fortnight after the operation—that is, when the inflammation had subsided—she could see objects, but not distinguish them; in two days after this she could tell one finger from another; and she was sent home on the 10th of September, able to read printed letters an inch long.

Six months elapsed before I heard of her again: she could then, with the aid of her two and a half inch cataract glasses, read small type. She complained, however, of severe frontal pain, which seemed to be weakening her sight; and I recommended daily friction of the temple with a mixture of equal parts of extract of belladonna and mercurial ointment. My friend, Dr Brown of Langholm, kindly saw this prescription carried into effect; and in March last (1847) he informed me, that to it he attributed her immunity from pain, and the good vision she then enjoyed. When I last heard of her, she

could, without glasses, go about all country work ; and, when using them, read easily small type.

3. Mary Browning, aged thirty-two, was operated upon by me for cataract, July 11th, 1845. I then broke up the right lens, which I found, as I expected from its appearance, very soft. The operation was followed by inflammation, on the subsidence of which the pupil was seen to have contracted firmly around opaque shreds of capsule. My patient could with this eye see nothing, and the cataract in the other eye had been, from the time of her admission, so much advanced, that with it she scarcely saw at all.

In the middle of the next September I attempted to open up the pupil with a needle, passed through the sclerotic ; but failed, on account of the toughness of the ring of lymph which bound the iris to the remains of the capsule.

Seeing no prospect of my being able to drill the pupil open, as some have in such cases recommended, I made a new pupil with Maunoir's scissors, precisely as in Marion Martin's eye.

This was on the 1st of October. The eye did not inflame ; in ten days my patient could read the title-page of a book through two and a half inch cataract glasses, and in a fortnight after the operation, I dismissed her, able to read small type with ease.

4. Janet Thomson, aged fifty-eight, had her right eye operated on by me, for the extraction of a lenticular cataract, on the 21st of June 1847. The lens having sunk somewhat in the eye after the cornea had been cut, and the vitreous body having in small part escaped, I merely divided the cataract as much as possible, with a needle introduced through the incision, and so allowed the parts to heal. No inflammation supervened, but the pupil closed around some fragments of the capsule.

On the 29th of July, the eye being quiet, I made an artificial pupil, as in the last recounted case.

The result was equally pleasing. On the 19th of August, nothing unpleasant having taken place, I dismissed the woman, able to read small type with ease through her two and a half inch glasses.

I quote these cases from the Journals, not for any novelty which they present, but as illustrations of the ease and advantage with which, in this way, and in such cases, an artificial pupil may be formed. It is an operation, of course, unsuitable to many a case ; but where it is applicable, the facility and certainty with which it may be executed, and the comparatively small chance that inflammation shall follow, recommend it to approval, warmer than some have given it. I am surprised that it should not be even mentioned in Ruete's recent work.

VI.—*Cure of Partial Xerophthalmia.*

Thomas M'Lusky, aged nine, was entered on the books of the Infirmary on the 23d of June 1847. The outer part of each ocular conjunctiva presented a well-marked patch, of "xeromatous" character,—dry, glistening, and of parchment-like glossiness. It did not encroach upon the cornea, but covered a portion of the sclerotic about as large as the nail of the little finger. There was slight catarrhal conjunctivitis, but very little uneasy feeling. No history could be obtained of the time or manner of the first appearance of the malady.

The corrosive sublimate collyrium, the red precipitate ointment, and drop of diluted vinum opii, were daily used for a week or two, but without the slightest benefit. I then bethought me that perhaps an alkali might soften the dry epithelium, and alleviate this commonly reckoned incurable disease. A drop of

aqua potassæ was therefore introduced into each eye ; and in two days, when the inflammation it produced had disappeared, the application was repeated, and continued thus at intervals for some weeks.

The result was very gratifying : the dryness gradually lessened, the conjunctiva becoming more moist and soft. On the 27th of July the cure of the right eye was completed ; and when the boy gave up attending, some weeks thereafter, that of the left was all but finished.

Encouraged by this result, I tried the same remedy in a bad case of corneal xeroma, but, I regret to say, without effect.



