**Excessive intra-ocular haemorrhage after cataract extraction : followed by enucleation and location of the haemorrhage in the retina / by A. Proudfoot.**

*COMPLIMENTS OF AUTHOR.*

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## CATARACT EXTRACTION, FOLLOWED

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## HÆMORRHAGE IN THE RETINA.

BY DR. A. PROUDFOOT,

Prof. of Ophthalmology and Otology, University of Bishops College, Montreal, Specialist for the Diseases of the Eye, Ear and Throat, Western Hospital, Infants Home and Montreal Dispensary, Life Member of the British Association for Advancement of Science, etc., etc.

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# EXCESSIVE INTRA-OCULAR HÆMORRHAGE AFTER CATARACT EXTRACTION, FOLLOWED BY ENUCLEATION AND LOCATION OF THE HÆMORRHAGE IN THE RETINA.

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Prof. of Ophthalmology and Otology, University of Bishops College, Montreal, Specialist for the Diseases of the Eye, Ear and Throat, Western Hospital, Infants Home and Montreal Dispensary, Life Member of the British Association for Advancement of Science, etc., etc.

June 5th 1883, I was consulted by G. J., a large full-blooded man of about 50 years of age, for loss of sight in the left eye, which I found to be due to a mature cataract.

The patient being desirous of having it removed, the operation was performed without an anæsthetic.

A small peripheral incision was made with a Graefe's knife and the cataract (which was rather small) removed *without iridectomy*.

The pupil was clear though slightly irregular at its upper margin; but the operation was satisfactory in every respect. The anterior chamber, however, soon filled with blood, and I found it impossible to arrest the hæmorrhage. I therefore applied the bandage pretty tightly in the usual way and put the patient to bed. At 9 P. M., very little pain was complained of; but the compress and bandage covering the eye were saturated with blood. These were removed and a fresh bandage applied.

June 6th. The dressings still saturated with blood, the patient has complained of some pain and is very restless. On examining the eye there is a small clot of blood between the edges of the lids; and the lips of the incision are widely separated by a large piece of vitreous, which projects from between

them. This was removed with curved scissors and the edges of the wound carefully brought together; atropine was dropped into the eye and the dressings again applied.

June 7th. The patient has suffered a good deal of pain during the night, and was forced to sit up several times upon a chair, in which position he seemed to get some relief.

The dressings were again found to be stained by a bloody discharge and the lids and conjunctiva were considerably swollen. The eye was thoroughly bathed with a solution of boracic acid, atropine dropped into the eye and the dressings reapplied. At 9 P. M. renewed the dressing and ordered a pill of $^1/_4$ gr. morphiæ sulph. to be taken every night to relieve pain and secure sleep.

June 11th. Up to this time the inflammation has been very severe, and the patient's suffering have only been relieved by hot fomentations and morphia.

The whole of the vitreous has escaped, and the anterior chamber and edges of the incision are filled with lymph.

June 12th. The inflammation is now rapidly subsiding.

June 16th. At the urgent request of the patient (who was anxious to return to his business) I enucleated the eye, and by the 23d of June he was well enough to attend to his affairs. From this on he made a rapid recovery.

On making a transverse section of the globe immediately after its removal, it was found to be filled by thick discolored lymph; a small clot was discovered near the disc, which upon being removed disclosed a rupture of a small branch of the arteria centralis, which was evidently the seat of the hæmorrhage. When examined with a strong glass, a small dilatation of the vessel was found to exist at the point of rupture.

Dr. B. E. Fryer, of Kansas City, has recently published a case of excessive hæmorrhage after cataract extraction and stated that "in all probability the source of the hæmorrhage was from the stump of the iris."

Dr. F. C. Hotz, of Chicago, Ill., has reported two cases, but considers it likely that the hæmorrhage was from behind the

vitreous in the choroid or retina, and quotes Dr. Albert Mooren in support of his opinion.

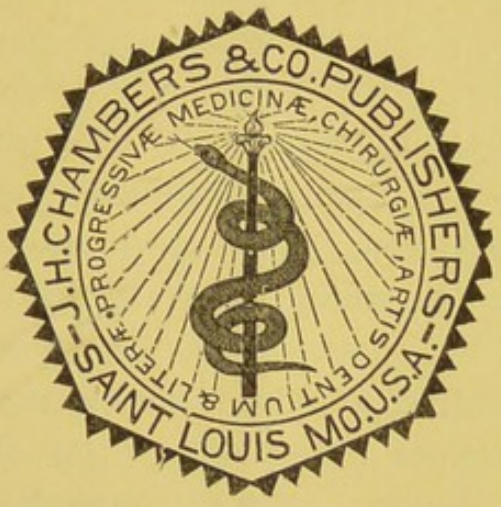
My case differs from those reported by the gentlemen whom I have mentioned in the following points, viz.,

1. The operation was performed without an anæsthetic.
2. The cataract was removed without iridectomy.
3. The hæmorrhage was at no time very profuse, though it lasted for three or four days.
4. The eye was removed on the 11th day after the operation and the hæmorrhage definitely located in the retina.

This is the only case of the kind that has fallen under my observation in an experience of nearly twenty years.

The man was very full-blooded and evidently addicted to the excessive use of stimulants. He was the proprietor of a small hotel.

In all such cases the operation should be made so as to allow the aqueous to flow off as slowly as possible, in order that the equilibrium of the circulation within the eye may not be too rapidly disturbed.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