Medical epidemics : glaucoma and iridectomy : a review.

MEDICAL EPIDEMICS:

GLAUCOMA AND IRIDECTOMY.

A Review.

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PART II.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Three Memoirs on Iridectomy in certain forms of Iritis, Choroiditis, and Glaucoma. By Dr. A. Von Graefe. Translated by Thomas Windsor, Esq. London: New Sydenham Society, Vol. V. 1859. 8vo, pp. 247 to 380.

Report of (78) *Iridectomy Operations (for Glaucoma) performed at the Royal London Ophthalmic Hospital, from May*, 1857, *to September*, 1859, *inclusive.* By Dr. Bader. Opthalmic Hospital Reports, Nos. IX. and X.

Discoveries in medical science—consisting of a better appreciation of the true nature of disease, increased knowledge of the properties of medicine, or improvements in the art of treatment, either by medical or dietetic means or surgical operation—are, thank God! made from time to time. Like the facts and statements on which history is based, they, however, require time to test their merits, and establish their claims. For instances in point, either as means of cure, affording relief to human suffering and prolonging life, or for the removal of deformities, we may cite—the generous treatment of fever, the use of stimulants in certain diseases where formerly a lowering plan was observed, the general disuse of phlebotomy, the employment of mercury in inflammations of certain structures, the introduction of chloroform, the division of muscles, the cure of aneurism by compression, and possibly the resection of joints. These are, however, but portions of the wheat sifted from an immense mass of chaff—the chaff of cures not merely propounded for, but the virtues of which would be sworn to in the cure of *incurable* diseases, more particularly of cancer and consumption. We exclude from the consideration of this question the quack advertisers—the Morrisons and Holloways, who trade upon public gullibility with *one* article, knowing that, if properly and determinedly carried out, and with a sufficient investment in advertising, it will and must succeed.

Neither do we allude to hydropathy, homœopathy, mesmerism, clairvoyance, table-turning, spirit-rapping, Turkish baths, Odyle force, electro-biology, and all the other ologies great and small, from the days of Perkins' metallic tractors to the present hour, with which the public of all classes, but particularly those of the higher, choose either to gratify their own peculiar fancies, or to practise upon the credulity or sycophancy of others. Alas! for poor human nature,—disease, suffering, disappointment, despair, will grasp at a sunbeam, or cling to a shadow. The sufferer who seeks relief of the charlatan, when his fate has been pronounced by the legitimate practitioner, is to be pitied more than blamed. The reprehensible parties are the friends of the sufferer who permit, and the missionaries of the quack who spread the delusion. Of the quacks themselves who trade upon the weaknesses consequent upon suffering and disappointment, we have only to say, it is their trade, a gambling more than a commercial enterprise, and their motto is, *Vive la bagatelle!* They know the public will and must be gulled, and, like other sharpers, they see no reason why they should not prey upon the offered spoil. The public mind must be amused, and, while the masses are engrossed with war or politics, particular classes in certain localities find relief to certain innate promptings or cravings in outbursts of theomania, revivals, or miracles of any description, while the sickly and distempered eagerly rush after every novelty which offers. Most of these epidemics may be read in the "History of Popular Delusions;" yet neither are they the cases to which, in this paper, we wish to call attention.

Among the medical memorabilia of the last few years we find cures for incurable diseases, propounded by licensed practitioners, tested in public hospitals with the sanction and sometimes under the patronage of the heads of these institutions, occasionally even favoured by Government. Had we not a lamentable instance of this in our own city some years ago, when a *ci-devant* colonel and an assumed chemist were sent to this country, armed with governmental and authoritative recommendations to disinfect Ireland from fever, dysentery, and cholera—a portion of the great famine-plague which swept over this island from 1846 to 1852—because, forsooth, these charlatans were able to deodorize a water-closet, or correct the effluvia from a dunghill. In our Number for August, 1847, we then fearlessly exposed the humbug of these pretenders, and we flatter ourselves at having somewhat assisted in driving the weavers of the magic scarf from our shores, to try their nostrums in another land, where the head of the firm soon fell a victim to the disease he went to eradicate. We all

remember the story of the British Parliament granting a sum of money to a lady for having discovered a remedy for the stone. Not long since the French Government allocated a ward in the Hotel Dieu to a black doctor wherein to try his cancer-curing experiments; but, to the credit of the French nation, be it told, the trial has ended in the committal of the quack to prison.

The Dublin school has been particularly free from any delusion of this nature, or even that form of it in which the author deceives himself even more than the public, and always more than his brethren. More than half a century has elapsed since the world was told that cancer could be cured with carbonate of iron, or common rust. Since then we have not originated anything in that line, with the exception of a few miserable attempts by certain "nervous doctors," which were soon nipped in the bud by the interdiction of the licensing bodies to which they belonged. That the distinguished man who recommended the rust believed in his cures, no one will deny; but his brethren did not believe in them, though he assured all cavillers that his statements were "simple facts." So in the present day, when argument, reason, a reference to pathology, common sense, or experience, are tried in discussing the question of one of these cures, no matter how performed, the answer thrown in your teeth, along with a plentiful garnishing of epithets about "professional obstinacy, wedded to old opinions, incredulity," and so forth, is, "There is the simple fact; the patient is cured after the most eminent of the faculty had given the case up, sent the person away to die, and would not even give him the chance of an operation." Can we mend this by a diatribe? No; it has ever been and will be the same. All the public censor and critic can do is, now and then, to expose a glaring medical humbug. If any one inquire what good or harm these medical quackeries do, we answer, they are deceptions, proving either want of knowledge or want of honesty, or both, in their promoters. Yet there is money to be made of them, and that their upholders know full well. A cure for an heretofore incurable disease is promulgated—a book is written on the subject—the public press is invoked, and not in vain: without any attempt at dishonesty, or the slightest idea that they are gulled, an editor or two, influenced for humanity's sake by a philanthropic friend, is got to introduce a well-worded paragraph about the cure;—it is then public property, and, no matter how absurd or incredible it may appear, it is copied from periodical to periodical—it is cut out of newspapers, and sent in rose-coloured envelopes from one lady to another—and so the reputation is established, and patients with

anything at all resembling the disease flock in hundreds to the discoverer. It is true, he does not cure them—perhaps he does not know which are curable and which are not, for diagnosis does not come by instinct; he may not be, and in all probability is not, a pathologist; his panacea, or, if he is a knowing man, his remedies, are applied to all comers, and some get well, but not those affected with the "incurable disease." The object, however, is attained—notoriety is achieved, patients are caught, and the remedy is only subsequently resorted to in special instances.

With incurable diseases affecting life, these nostrums have generally but a short duration; not so, however, in chronic or non-fatal diseases, more particularly those of the organs of sense. Not every one is an oculist or an aurist; the higher we rise in the ranks of medicine or surgery, the less its members meddle with cases appertaining to these branches, which are thus, on the principle of division of labour, left in the hands of specialists, who occupy a limited sphere, and, from their knowledge and experience, are the only persons in the profession really capable of appreciating novelty or testing truth in their respective lines. Thus the public are more easily gulled by cures proposed for deafness and blindness than any other ailments. A notable instance lately occurred in London, where many thousands a year were earned by pouring a solution of alum in urine into the ears of whoever was willing to pay for it. Look at the effect of the glycerine cure, which was also exposed many years ago in this Journal. Every one knows that it does not cure that for which it was vaunted, deafness; yet the apothecary daily compounds remedies prescribed by eminent physicians and surgeons for deafness, of which glycerine is the basis. If you ask some of these good men why they think of recommending that or any other such plan of treatment, you receive one or other of two answers—"Well, really I knew nothing better," or "Statements have been made and cures related by honest and credible witnesses, who could have no object in stating what was not a fact; and on their evidence, although I have not seen a cure myself, I order it."

There is another fallacy, and one of which the profession should be aware: fashions, no matter in what—in religion, politics, architecture, literature, farming, as well as dress—partake of the nature of epidemics. They have their early struggles against doubt, opposition, and previous tastes (facts have nothing to do in such matters); then their general acceptation, when everybody believes everything, where arguments are useless, and where, again, facts, no matter how patent, are not believed;—until the bubble bursts, or the froth goes down,

and no more is heard of the subject. So in medical fashions; it is only when the epidemic is on the wane that sane men are listened to, and the truth begins to appear.

Another mode in which the medical public is influenced in such matters is of modern introduction. Formerly, men wrote books, published essays in periodicals, delivered a series of lectures which were printed in medical newspapers, or recorded remarkable cases. Now, our weekly journals abound in reports collected, perhaps, by but moderately educated men, and even students, of what falls from a physician or surgeon as he passes from bed to bed, and of that desultory nature which is never intended for publication; with these are interlarded the skeleton reports of cases, the result of which never meets the public eye. We have reason to believe that these proceedings do more to depreciate than to elevate medical literature. We should not, however, allude to them here, but that they form part of the machinery by which new-fangled remedies are placed before the medical public—not before men, like ourselves, behind the scenes, or who are engaged upon the literature of the time; but the public, composed of the country and provincial practitioners, who have but little time to analyze critically such cases, and who, seeing that such and such a case under Mr. So-and-so "was greatly benefited," is "considerably improved," and "is doing as well as could be expected," or is "rather better since last report" (no previous one having been published), is anxious to try the remedy on Mrs. So-and-so, whose symptoms correspond; or, if the remedy is beyond his reach, to send the patient to the metropolis for operation.

Do not the public find all this out? Many do not; and those who do, strongly recommend the use of steel traps to their brother foxes who may not yet have lost their tails. Nothing pleases a certain class of patients so much as to be talked about—to think that their disease is in any way peculiar. They are elevated from the martyr into the hero; they boast to you that the new doctor said, in the words of our own epigrammatic Brennan, that their case was

"The worst he ever saw—save one."

Even although they are no better, they become the fast friends and most indefatigable missionaries for the new system and its professor. If you meet one of them, and ask is he really cured, the answer is, "Well, I can't say I am much better; but that is because I did not go soon enough, or try the system long enough; circumstances prevented me remaining any longer under treatment," &c., &c. These are not fancy sketches.

Who is there in extensive practice who has not encountered such people, and observed such conduct? The pertinacity with which the patient and his friends,—when they have thrown over the old family attendant, the kind, skilful, generous, judicious friend of years, for the quack, or for quackery of any description,—will try and persuade you that they are cured, would be amusing if it were not so lamentable. They will lose their temper with you if you hint that they are no better than they were, and attribute to the "well-known prejudices and illiberality of the profession" your reminding them of the opinion you gave some years before they had sent a lock of hair in a silk bag to a Madame or Mademoiselle to supply them with a pathological horoscope on the state of their liver or stomach.

These observations suggest themselves to us upon consideration of one of the last innovations in special medicine—iridectomy in glaucoma. It is right to tell our readers that the term iridectomy is simply the making of an artificial pupil, or enlarging a natural one by that method in which a portion of the iris is cut out, an operation first recommended by Reichenbach in 1767, and shortly afterwards performed by the elder Wenzel, and which is known in books under the name of corectomia or iridectomia. As employed by the modern iridectomists, it means making an aperture either in the cornea in front, or in the sclerotic behind the ciliary attachment of the iris, withdrawing a portion of that texture, and cutting off from a fifth to a third of its circumference; there is, therefore, nothing new in the operation, except, perhaps, the amount of iris removed.

The definition of glaucoma is not, however, so satisfactory; and, thanks to the scribes who have been engaged with the recent *glaucoma epidemic*, one hardly recognises it as the disease known to our forefathers as non-cerebral, but generally total amaurosis, with partially dilated pupil, insensible to light; colour of iris either natural or assuming a slaty hue; parts within the pupil of a sea-green muddiness, sometimes partaking of a bluish tint; congestion of globe manifested by turgessence of external veins; in some cases hardness of globe, but this is a very variable symptom. This disease occurs most frequently in aged people, and more commonly in females than in males; it first attacks one eye, and generally seizes on the other subsequently. That is what we know by glaucoma; coming on slowly, and being unattended with the manifestations of inflammation, it may be called chronic glaucoma. In process of time the lens frequently becomes opaque, with slight irregu-

larities of pupil; hence Tyrrell's definition of "glaucomatous cataract." The disease in this stage is generally painless. The term "acute glaucoma" has been applied to a peculiar form of arthritic internal inflammation of the eye, arising suddenly, attended with great pain and total loss of vision, and having its principal seat in the iris, choroid, and retina, without much effusion of lymph; pupil generally dilated, and loss of choroidal pigment frequently occurring during the progress of the disease. Like the former, it is nearly always fatal to vision.

In the foregoing description we have endeavoured, without too great minutiæ, to be as simple, general, and, at the same time, as forcible as possible. Without entering into an archæological history of the disease, let us take up the writings of half a dozen good practical men, and see what their ideas have been upon the subject. When ophthalmic surgery made a burst about 130 years ago, glaucoma and cataract were considered synonymous, the seat of the latter not being then well determined. Shortly after Brisseau demonstrated the pathology of cataract, our own countryman, O'Halloran (whose labours we brought under the notice of our readers in vol. vi. of this Journal), wrote one of the best books on the subject of what was known in his day as the "glaucoma or cataract." The learned Mackenzie has reproduced in a concentrated form the opinions of most authors, ancient and modern; Dr. Hayes, of Philadelphia, in his edition of "Lawrence's Treatise on the Diseases of the Eye," published in 1847, has added some other authorities; while Himly brings together all the ideas of the continental writers upon the subject. The true pathology of the disease has not been very well made out. At first it was believed that there was a "scum" behind the pupil; then that the seat of the disease was in the vitreous humour, which became green; then it was supposed deposits took place in the vitreous body. Others, and with reason, attribute the greenish reflexion to the want of pigment in the choroid. Lastly, the ophthalmoscope has been brought into use, and finds a hollowed or cupped appearance in the entrance of the optic nerve, a peculiar condition of the retinal vessels within the limit of the papilla, and pulsation in the arterial trunks. Edward Jaeger first pointed out some of these peculiarities; but long before he wrote Mackenzie had noted a change in the retina, and in dissection found no trace of limbus luteus or foramen centrale. The matter stood nearly thus until about four years ago, when Dr. A. von Graefe, of Berlin, published some essays upon the subject in the *Archiv für Ophthalmologie* wherein he attributed to intra-ocular pressure the condition of the optic

nerve, the hardness of the globe, and also, by producing paralysis of the nerves supplying the iris, the dilatation of the pupil. That there is increased secretion of both aqueous and vitreous fluid in certain diseases of the eye, all will admit; and that this increased bulk within the globe must, by pressure, affect the retina and choroid, no one can deny; but whether it was the original cause of the alteration in the optic nerve, in either acute or chronic glaucoma, has not been proved.

That the evacuation of the aqueous fluid, and possibly some of the vitreous with it, will give prompt relief in certain forms of internal inflammation of the eye, every ophthalmic surgeon is well aware. There is nothing new in that procedure The broad needle, introduced through the cornea, and given a slight turn, so as to evacuate the aqueous fluid, will give immediate relief to sufferers, and in an incredibly short time restore the brilliancy and transparency of a cornea that had already become gray, and was fast hastening to destruction. Many a case of extraction we have known to be saved by separating a portion of the section when inflammatory action had set in. Fifty years ago Ware and Wardrop recommended and practised the evacuation of the aqueous fluid in corneitis and aquo-capsulitis. Shortly before his death Mr. Dalrymple held the opinion that certain cases of amaurosis, attended with choroidal complication, might be relieved by inserting a broad needle obliquely into the eye, in the hope of lessening the bulk of a fluid which he thought existed between the sclerotic and choroid, and pressed the latter on the retina. With this intention he operated ineffectually two or three times on Mr. M., of this city, whose case was recorded in this Journal many years ago. Every one who has to treat cases of staphyloma knows that immediate relief is afforded by tapping the projection, as recommended in this Journal for February, 1847.

But then, we are told it is not the mere letting out of the vitreous or aqueous fluid, but the cutting out of a portion of iris, that relieves the pressure and effects the good. We are stupid enough not to see this in the same light as our neighbours. No doubt, a wound made for the removal of a portion of iris, even if none of that membrane remains in it, will not close so accurately nor heal so quickly, as a puncture made by a broad needle; but if the pupil is free, the iris cannot by its presence or its bulk exercise any pressure on the optic nerve. We are, however, entering upon the discussion of a subject the advocates of which answer us by an appeal to facts—the published records of the cases, with the number of cures, and, therefore, there is no need to argue the question.

There never was, perhaps, any theory or operation taken up so quickly, spread so widely, or upheld so firmly, as the cure for glaucoma; certainly, none since Stromeyer's recommendation, and Dieffenbach's operation, for the cure of strabismus, with, perhaps, the exception of cutting a wedge-shaped piece out of the dorsum of the tongue for the cure of stammering—another Berlin discovery. Before we come to the question of the general utility of iridectomy in glaucoma, even if successful, it is worth inquiring how the epidemic spread so rapidly. We believe the answer is chiefly to be found in the man. Graefe, son or grandson of the celebrated baron distinguished in Prussian surgery, one of the tribe of prophets, the natural heroes of idol-worship who ever collect disciples, and always inspire them, while others only teach; young, handsome, long-haired, dark-eyed, clever, kind, hospitable, winning, the word of such a man is law; his knowledge is great power; his opinions are regarded as revelations; his statements are never questioned. Such a man was Liston—noble, generous, commanding, as well as able. We could include in our list some of our brethren of the British isles, men of high faculties, originative, discursive, insinuating, bold,—were such a course warrantable in a review. Minor prophets there are, chiefly of the bullying class—prophets to their patients, not of the sympathetic variety, but men who rudely command and obtain a servile obedience. Neither the profession nor the public are aware of how many Rareys there are in the world besides the horse-tamer. Not quite twenty years ago, an English watering-place rose into high repute, owing to the tact, knowledge of human nature, and eccentricity of a "walking doctor." Well, the pupils of Graefe took up the glaucoma, and carried the precious bantling to London, where it specially throve in the Moorfields Hospital, the scene of the labours of Saunders, Farre, Travers, Lawrence, Tyrrell, Dalrymple; and from thence we heard through the pages of the weekly London press, and of the special periodical appertaining to that Institution, of the operations performed, and the cures effected in cases of chronic and acute glaucoma. Slight discussions, it is true, arose among the new sect respecting the pathology of the affection and the mode of cure, as well as the method of operating; but all were agreed as to the general utility of Von Graefe's treatment. True it is that no man of any mark in London, either special or general surgeon, came forward, and in lecture, essay, or book, fearlessly stated his opinion and related the cases in which, either in acute or chronic glaucoma, he had by iridectomy restored the lost sense. No; the epidemic spread by more subtle means;

the disciples of the prophet or the votaries of the system wrote it up and produced the excitement, while, with few exceptions, the operators themselves put forth nothing under their hand and seal. It was considered ignorant and prejudiced, absolutely offensive, in this country to question the propriety of the operation, or the statements as to the results. The proverbial slowness of the Irish school of medicine to accept new truths was thrown in our teeth; and half-caste doctors, after finding that iridectomy for glaucoma was not performed either at the City of Dublin or St. Mark's Hospital, went about saying that the Dublin Ophthalmic School was the lowest in Europe.

What benefit arose from all this? A very manifest one; the New Sydenham Society, in its last volume, published Von Graefe's three memoirs on Iridectomy which form the subject of the present review. Was not that a benefit to the members of a society, who, for neither love nor money, could procure a copy of that fine old work, John Woolhouse's treatises on the Eye, or Bannister's book, and other essays on the diseases of the organ of sight which we might refer to!

When the novelty was fresh, our statistical notions of ophthalmic diseases were a little perturbated at hearing of the number of cases of glaucoma which were operated on. We thought the disease a rare one, in any of its forms, but especially in the chronic. On looking over the patients in general or special hospitals, in passing through workhouses, and inquiring into the pathology of inmates of blind asylums, or examining into the published tables from ophthalmic hospitals, we find the disease to be a rare one. Well, as we looked more narrowly into the records of the new cases, we found they were not cases of glaucoma at all—certainly not according to the standard laid down by the best authors, and accepted by the most practical teachers. The young gentlemen who were twaddling (if we may use the expression, and they will agree with us in its applicability ten years hence) on this subject were evidently, but indifferently educated, we mean as oculists, and were writing about what they did not understand, employing a jargon of which they scarcely knew the meaning, and doing but indifferent justice to themselves, the subject, or the operators they were reporting. If questioned, they referred to the opinions of the prophet, and, like the microscopists a few years ago, they ignored the *tactus eruditus* of the old experienced surgeon, and boldly referred you in confirmation of their views to the established diagnostic results of the ophthalmoscope. Cases of amaurosis, no matter from what cause, and all the results of

arthritic or other internal inflammations of the eye, were jumbled together in the most charming confusion by those ephemeral pathologists; every disease was called glaucoma; and we saw several cases in which iridectomy had been performed, where the amaurosis was produced by floating retina; and also where there were closed pupil and green iris bulging into the anterior chamber from oft-repeated and long continued choroido-iritis—which no good surgeon would have thought of meddling with. On the other hand, we have reason to know that Graefe has operated for iridectomy in cases of impaired vision, when the patient could absolutely see to read moderate-sized print.

While all this was proceeding, was there no voice raised against it? Yes; for the honour of our school be it told, the "Dublin Medical Press," edited by a venerable ophthalmic practitioner, at once, and in the terms, and with the pyrexile energy peculiar to that publication, did openly and fearlessly denounce the glaucoma dodge (see the number for February 10, 1858), and from time to time since has exposed the delusion. Nevertheless, it still has its votaries; and others are beginning to claim credit for priority in the glaucoma cure. Mr. Middlemore recommended the evacuation of a portion of the contents of the globe, through an opening into the sclerotic, nearly thirty years ago; and Mr. Critchett, one of the able surgeons of the Moorfields Hospital, had performed iridectomy so early as 1854 (see his lecture in the "Lancet" for September 9 of that year, and his practical essay on the treatment of acute glaucoma, published in the Ophthalmic Hospital Reports for January, 1858). But neither of these, nor any of the other practitioners we have mentioned, were prophets, and so failed to acquire the celebrity due to this great discovery. So convinced were the editors of some English periodicals of the great value of the Graefean operation, that we knew an instance in which a London journal absolutely refused to insert a communication criticising the so-called cures of glaucoma, even after the paper had been in type.

As yet we have not had any *cures* recorded in this country, and therefore, when requested by the editor of this Journal to write a review of the subject, we had collected a series of cases recorded in England, for the purpose of analysis; but we are saved the trouble, for in the last number of the "Ophthalmic Hospital Reports" the murder is out, and Dr. Bader presents us with a resumé of 55 cases, in which 84 (not 78) eyes were operated on; and in a table attached to his Report the following results are acknowledged:—19 were cases of chronic, 20 of subacute, and 16 of acute glaucoma. The statistical

table is peculiar, and differs from most documents of its kind in not giving either the age or sex of the patients. In 29 persons both eyes were affected; in 18 the right, and in 8 the left eye only was affected. In the second column is registered "how long before iridectomy began to use convex glasses;" the object is not stated, but it is remarkable that only 7 of these cases had not used spectacles. From the entry in this column of persons having worn glasses for 10, 20, 25, 30, 40, and even 51 years, we learn that most of these patients had been more or less presbyopic. It also gives us some inkling as to their probable ages.

The two last columns present us with the amount of "vision immediately before iridectomy," and the result, "generally the second or third week after" the operation.

In one case it is magnanimously acknowledged that a patient who had only "perception of light and of shadows" was "hardly as good as before" the operation. In 32 operations the eyes remained "as before." So runs the record; but whether any of these suppurated, softened, collapsed, or enlarged, and were rendered unsightly, is kept, like the cases themselves, *out of sight*. In not one instance of chronic glaucoma was vision restored. In what is called subacute glaucoma, 3 of the recorded cures could "read large type" before; and after the operation could read "average type;" but, whether with or without glasses, is not specified. In acute glaucoma (symptoms not given, but may be set down as those of general internal non-suppurative inflammation of the eyeball—probably rheumatic or gouty—a disease in which paracentesis has long been employed), we read of the greatest amount of success. Five eyes would appear to have been benefited so far as to read, but whether the improvement remained after the third week, is not stated. In one of subacute disease, it is thus recorded before the operation, "can see (not to read) large letters;" and after the operation, "reads large letters, and tells the time on a distant clock." In the first case of acute glaucoma operated on, the eleventh day of the inflammation the patient had a "fair perception of shadows," and afterwards could read "average type;" but what description of type the reporter means by average is not mentioned, which, now that ophthalmologists have begun to state distinctly what kind of type they refer to, whether brevier, primer, pica, &c., is to be regretted. In No. 2 the person could "recognise small objects, such as keys." No. 3 had "perception of light and shadows." No. 4 could "count figures;" and in No. 5 it is acknowledged vision was returning, and the patient had "perception of large objects." Whether

these five cases, if treated in the ordinary way either by depletion, mercury, bark, potash, counter-irritants, or even ammonia and stimulants, might not have regained a similar amount of vision, is a question worth consideration. Are there not lots of cases treated daily by surgeons, both of specific and non-specific internal ophthalmia, where the patients, during the violence of the attack, lose vision altogether, and are subsequently able to read even small type?

But, we may be asked,—although many patients in Dr. Bader's schedule were not restored to anything like useful vision, were they not greatly benefited? Yes; this is said to have been achieved; persons who had "perception of shadows" were made to have a "perception of light;" and some who had only the "faintest perception of light" were, by a removal of a portion of iris, made to see "fair perception of shadows." This we acknowledge;—mighty achievement of ophthalmic surgery! Again, those who had a "faint perception of shadows" were enabled to "recognise the hand;" but whose hand—their own or the surgeon's—is not stated.

Again, we are gravely informed that in a case of chronic glaucoma, with gradual loss of vision coming on for seven years, the person had "perception of shadows," and by operation obtained "faint perception of light." How a man is to perceive shadows, who does not perceive light, Dr. Bader does not explain. Now, on this subject we have a word of warning for our juniors. Blind people have a phraseology peculiar to themselves: for instance, "Can you perceive light?" The answer is, "Oh! yes; I can count the bars in the window;" although the poor sufferer really does not know where the window is. "Can you see any object?" The reply is, "I can see and count my fingers, and tell the colour of my skin," holding up the hand. "Well," says the surgeon, "touch my finger;" not a bit of it; he does not even know on which side the hand of the surgeon is. Furthermore, it must be a very badly disorganized eye indeed, that is not conscious of the hand or any dark object passed before it. Such cases are daily presented to the ophthalmic surgeon, who never dreams of operating on them. Poor, dark people craving for a ray of light will try and persuade the surgeon that they have sufficient sight to warrant the performance of an operation, and this every man of experience knows full well.

Dr. Bader deserves credit for the publication of this table, and fairly acknowledges that "those cases which were complicated with chronic iritis, or in which escape of vitreous, &c., followed the operation, are not included in the present Report."

But valuable and honest, though late, as this admission is, it was scarcely needed, for, more than fifteen months ago, and during the very height of the epidemic, Mr. Dixon, senior surgeon to the London Ophthalmic Hospital, and a thoroughly honest, practical man—whose cases, by the way, were vaunted as cures two years ago—has thus written in the last edition of his valuable "Guide to the Practical Study of Diseases of the Eye:" "The announcement that a simple and easy operation could arrest or cure a hitherto uncontrollable disease was sure to attract attention, ... was published by Graefe in the German Ophthalmic Journal, and was also brought before the Ophthalmological Congress which met at Brussels in 1857. When the nature of the operation came to be explained, one could not fail to be struck with the apparent absence of all casual connexion between the morbid changes of glaucoma and the means proposed for arresting them. How was general hyperæmia of an eyeball, and the consequent changes of its tissues, to be overcome by cutting out a piece of the iris? No satisfactory explanation as to the *rationale* was offered. We were told that '*intra-ocular pressure*' was the cause of all the phenomena of glaucoma, without any very clear account being given as to what was pressed, or what effected the pressure; and we were assured that the removal of a piece of iris by taking off the pressure would bring about restoration of sight.

"The facility with which the operation of iridectomy, as it has been called, can be performed, has led to its being practised in an immense number of cases; and were we contented with the array of so-called cures which have resulted, we should indeed believe that glaucoma, hitherto so hopeless a disease, had been brought as much under control as cataract itself; but a careful criticism will convince us that many of the 'cases of acute glaucoma, cured by operation,' were simply cases of acute inflammation of the sclerotic, implicating to a slight extent the iris and cornea, and attended with severe neuralgia and impairment of vision,—cases which would have yielded to judicious treatment, if no *iridectomy* had been performed. A few cases, supposed to be chronic glaucoma, were probably nuclear cataract in an early stage, and the removal of a portion of iris, by exposing the still transparent periphery of the lens, improved (of course, only temporarily) the patient's sight. Of other instances which have come under my own observation, where the operation has been unsuitably performed or proposed, I forbear to speak." Mr. Dixon adds:—"For myself, I may state that, although I could not recognise as sound the theory upon which the operation was brought forward as a cure for glau-

coma, I tried it in a series of carefully selected and well-marked cases of the following forms of disease:—'Amaurosis with excavated optic nerve,' as Graefe has termed a peculiar morbid condition; chronic glaucoma, where the lens had not yet lost its transparency; and in cases of acute glaucoma, characterized by sudden impairment of sight, rapidly followed by inflammation of the eyeball, dilated and fixed pupil, severe neuralgia, and total loss of vision. In neither of the first two classes did I find, nor had I expected to find, any improvement to result. Nor in the third class was sight restored; but the inflammation seemed to be arrested, and the neuralgia was either very much lessened or it wholly ceased. I cannot, however, attribute this result to the removal of a portion of iris, but mainly to the evacuation of the aqueous humour through the large corneal wound." Such is the matured opinion of one of the men who performed several of the operations referred to in Dr. Bader's Report.

Another peculiar psychological phase of eye disease is that in which the patients occasionally exaggerate their defects, and will not acknowledge the amount of vision they possess; unhopeful, dispirited, and desponding by nature, they put but little faith in Providence, the doctor, or themselves, and, with a morbid craving for sympathy, engrafted on innate selfishness, they become ophthalmic dyspeptics. If such persons are surrounded by weak friends, they become confirmed valetudinarians. They can talk of nothing but their ailments; they gravely, and without appearing to be conscious of the misstatements they are making, tell you they are quite blind—in total darkness—can do nothing; yet, if watched narrowly, their acts belie their words. If the practitioner rises to leave, and says, "As you can't see at all, I cannot be of any use to you," they will soon turn round and display an extraordinary amount of vision. In other instances it may be necessary to produce this admission by a more round-about way, and, adroitly taking them off their guard, bring them on to see this and that object, and, in fact, to make themselves disprove their statement. This is not always a very gracious task, especially if obliged to be performed in the presence of watchful friends, willing to side with the patient. We know of a case in point, in which such a scene took place about a year since. A lady, aged 64, residing in Dublin, had, while staying in the country, an attack of rheumatic iritis, many years ago. The choroid was in all probability affected, as the loss of sight could not be accounted for by the amount of mechanical impediment present; in both eyes there was some attachment of the iris; a slight tag in the

right, but considerable adhesion of the pupillary margin of the left, with whitish opacity of the lens capsule; the ordinary posterior synechia, and partially closed pupil. Such was her state when seen by some practitioners in this city after the subsidence of the attack, and such, we believe, is more or less her present condition. The use of atropia, such internal remedies as improved her general health, and an occasional chat with some of her medical attendants, got this lady over many years, able to help herself in all respects, although now and then getting a fit of despondency, and complaining that she was blind. A few years ago her defect of vision became increased by incipient cataract in her good eye; opacity of the lens of the usual greenish-amber hue common to such cases. She was then promised that, if she lost her power of recognising objects and finding her way, an operation for removal of the cataract would, if she wished, be performed; but that, so long as she "did not knock her face against the wall," an operation would not be justifiable in a diseased eye like hers. With respect to the other eye, the most which could be done would be to form an artificial pupil by detachment of the ciliary edge of the iris on the nasal side—an operation which those who have observed the practice in St. Mark's Hospital for some years past must have seen frequently performed, and often with success. The amount of vision which may be obtained by such a procedure, let it be ever so successful mechanically, can never be predicted. It depends, not on the dexterity of the operator, but on the state of the lens, choroid, and retina behind the newly-made aperture; and where patients can find their way, cut their meat, and know their friends with one eye, it is scarcely justifiable to subject them to an operation on the other, with more than the ordinary chances of inflammatory action being set up. Such was this lady's state when the two great ophthalmic wonders of the age—the ophthalmoscope and the glaucoma cure—were presented to her. It would be contrary to the tenor of the human mind, especially in such persons, to forego the chance of relief held out to them. In such a case it is right to observe, the ophthalmoscope tells us nothing; there are sufficient outward and visible signs for the surgeon to form an accurate diagnosis; and the only object which could be achieved by an ophthalmoscopic examination—that of learning the precise state of the vitreous body and retina—must be nugatory where the lens itself is opaque.

Friends objecting to the new operation, a consultation between Dr. Adams, Dr. Wilde, and her family attendant, Mr. M'Munn, was called. The poor lady, anxious to make the worst

of her case, in the hope of having the operation performed, sat on a sofa and declared herself in darkness—unable to see anybody, or anything, or to know one colour from another—not able even to find her way up stairs, &c. Well, after some little tact on the part of the medical men, her spirits revived, and vision came to her so far as to be able to get up and walk directly to the door and put her hand on the handle—then to see the faces of her friends—afterwards to point out every tint and shade of colour upon a parcel of worsted-work doylies which happened to be presented to her in succession. Then Dr. Adams, taking her to the window, got her to admit that she saw persons passing on the opposite side of the street, and could observe the brass plate and knocker on the opposite house—the street being a wide one. Curious to relate, Dr. Adams, who is in the habit of noting his cases, made a memorandum of this circumstance, and his letter to that effect is now before us. But that was not all: the lady was questioned as to her ability of cutting her meat and feeding herself, and, confessing to a partiality for corned beef which she ate the day before, was rather indignant at being asked whether she ever missed the mustard on her plate. All this occurred in the presence of the lady's relatives who were rejoiced to find that matters were not so bad as they anticipated. The united opinion and advice of the medical men present (and in the latter her son concurred), was this—that she might have an operation performed on her "bad" eye if she liked, but, as any real, substantial, permanent benefit was not likely to accrue from it, they themselves declined operating, so long as she could, with either eye, make those observations detailed above. Well now, that lady has been operated upon—who has not heard of it—who, within the city of Dublin, has not been told of the wonders performed by the new German operation on Mrs. ——? Is not her cure written in one of the books of the prophets—has not her case been recorded in one of our periodicals? We have no desire to criticize too severely that record, nor to compare its incongruities, because it is possible that some natural and forgivable deception may have been practised on the operator. What has been the result? That the lady was, in time, able to count "her fingers at a distance of *six* feet from her." Charitably supposing that this is not a slip of the pen, but that she saw her own hand in a looking-glass, why could not the simple test be recorded of the patient walking over from a distance of six feet, and touching the point of another person's finger with her own? The right eye was then operated on, and it is said that she was thereby enabled to "distinguish the colour of ribbons at a dis-

tance of two feet from her"—just as she did the tints of the doylies this time twelve months; and she has informed the operator that she had occasionally "perceived her daughter perfectly, threading a needle at a distance of two yards." Why, again, should these tests, depending upon what a patient tells that she has done in the absence of the surgeon, be adduced, instead of what she absolutely can do in his presence? If this good lady is cured, or even considerably benefited by having a piece of iris cut away, and thus allowing more light to pass in through the thin edge of a partially opaque lens, we rejoice to hear it, and so, we think, will our readers; and we sincerely hope she will go on improving. There never was a greater mistake made by some narrow-minded people than supposing that honourable physicians, or surgeons, are sorry to hear that their former patients, upon whose cases they had (perhaps erroneously) given an unfavourable prognosis, have been cured, or even benefited.

The case of this lady is stated to be one of glaucoma. It certainly was not so originally, and the only thing *glaucomatous*, which we can perceive in it now, is the operation.

Among the curious effects to which the votaries of a medical epidemic are liable is an obtuseness respecting figures, and a hyperbolical phraseology in speaking upon the subject, which they would not employ under other circumstances. The statistical method of testing treatment, though liable to many of what the mathematicians call "disturbing causes"—in plain English, exceptions and fallacies,—is nevertheless valuable; but it seems, however, to be thrown overboard by the iridectomists. Dr. Bader heads his paper with a "Report of seventy-eight iridectomy operations for glaucoma, performed at the Royal London Ophthalmic Hospital, from May, 1857, to September, 1859, inclusive;" but for the life of us, and we have counted the table over and over, we cannot make it agree with this statement, for undoubtedly eighty-four eyes were operated on. The "Medical Press," in its number for May 2, 1860, perhaps from not counting the cases, falls into the same mistake when saying: "Those who have been hearing the boastings of those who are turning this matter to account will scarcely believe us when we tell them that in these seventy-eight cases there is not a single one of complete cure, and very few even of amendment;"—but this is not all, for Dr. Hildige, in an article on the subject of Iridectomy in Glaucoma, which appeared in the Dublin Hospital Gazette for 15th May last, writes as follows:—"According to the London Ophthalmic Hospital Reports, the operation for iridectomy for the cure of glaucoma was

performed on 107 eyes, from May, 1857, to September, 1859, inclusive. Of these, eighty cases were benefited by the operation, a fact which speaks volumes in its favour." How the figures in the foregoing statement are made out, we are at a loss to divine; and, with respect to the benefit achieved, it is really difficult for a reviewer to answer a worthy man and a respectable practitioner without being uncourteous.

It would seem, however, that the Report published by Dr. Bader was first written, and the table which should have been the basis thereof was compiled afterwards; certainly the incongruities between the two can only be explained in this manner. The first portion of Dr. Bader's Report appeared in No. 9, published in October last, and the conclusion containing the table which we have analyzed, and which bears no date, came out, we believe, in the end of April. In that first portion, an analysis is given of some seventy-eight cases, but they do not seem to form any part of, nor can they under any single heading, or by any stretch of statistical ingenuity, be made to agree with the table published as a continuation and conclusion of the same paper in No. 10. The jumble has been so complete that it should have been referred to the Statistical Congress. Certainly we can make nothing of it. But, though we cannot offer any explanation of the figures, we can supply our readers with a few trifling incidents related in the letter-press description of the reporter from the London Ophthalmic Hospital. In chronic glaucoma, " when *blind* for some time, it is not expected to regain sight; [and] a chronic glaucomatous eye with mere perception of light is *rarely* improved by the operation; but generally the pain and the progress towards blindness *is* (*sic*) arrested;" so that, although sight cannot be regained, to prevent mere perception of light being lost, a severe and, to the eye frequently fatal, operation is recommended. Hemorrhage, it seems, was not an unfrequent occurrence, and must have increased the intra-ocular pressure not a little—possibly upon the homeopathic principle of *similia similibus curantur*. We are not, it is true, told how many cases of hemorrhage occurred; but as such eyes may, we believe, be found in certain museums, where they are the pride of the curators, although possibly regretted by their original owners, and a source of unquiet recollection to the operators, they have advanced pathological anatomy; yet some may consider them a disgrace to operative surgery.

" In several of these cases of hemorrhage," writes Dr. Bader, " in which *the eye had been removed* after the escape of the vitreous, it was found that the blood was extravasated from the large vessels of the choroid, had displaced the choroid and

retina inwards, and *pressed the other contents of the eye* through the corneal section"!! That certainly was intra-ocular pressure with a vengeance, where the result of the new operation was to squeeze out "the other contents of the eye." It is mentioned incidentally that in many of these cases there was a "rotten state of the conjunctiva;" in general practice, we know surgeons do not usually operate where there is a rotten state of the skin. Slight and simple, as we were at first informed, was the operation of iridectomy, and as we have described it above, still there must have been occasionally great violence employed, for we read that, "in drawing down the eye with a forceps, for the purpose of fixing, it appeared in several cases to have caused rupture of the suspensory ligament and escape of the vitreous," &c. Now it very seldom occurs in extraction, unless where the vitreous is fluid, that the whole of that body is lost; there must, therefore, have been a very extensive opening made to relieve intra-ocular pressure in these cases.

As already mentioned, it is acknowledged that in several of these cases the conjunctiva was rotten; but furthermore, we are told that great care must be "taken, when seizing the iris, not to touch the lens or suspensory ligament, for the iris, being atrophied and *rotten*, is easily perforated by an instrument." Now that there are rotten irides—the term is a good one, we often employ it ourselves—we must admit; but that any surgeon of five years' standing would operate on eyes in which he knew the conjunctiva without, and the iris within, to be rotten, is certainly a more heroic proceeding than we ever knew to occur in this country.

Let us end this disgusting detail with one or two other extracts and statements. Occasionally the lens in its capsule "presented in the section, and six hours after the operation was found with about a third of the vitreous humour (of abnormal consistence) at the side of the patient." Again, "the opaque lens of several of the above cases was extracted with a favourable result." What this favourable result was, Dr. Bader has not stated, and we are unable to discover any record of the fact in the statistical table. "One case presented all the fatal accidents of the operation; first, some difficulty in seizing the iris, then escape of some vitreous, then of the lens, then of a large portion of vitreous, with the hyaloid fossa [?] attached to it; then of the remainder of the vitreous, followed by about half an ounce of blood." We presume it was the following sentence induced Dr. Hildige not to count over the cures given in the table to which we have so frequently referred: "Antici-

pating [by about half a year] the analysis of the cases successfully operated upon," states Dr. Bader, "it may be said that in about eighty cases the operation has had a favourable and, so far, a lasting result;" lasting, certainly so far as ever seeing again is concerned, but we are not quite sure that they are likely to last in the same quiescent condition they were in before iridectomy was performed. That iridectomy does not cure the intra-ocular pressure is let out where the reporter says: "A second portion of iris was excised in two cases, and the distended section (new increase of intra-ocular pressure) was punctured in two others."

We think it not unlikely that our readers have, ere this, said to themselves: this is not a review of Graefe's paper, but of the record of the operations performed in England upon his principle. Such is, we acknowledge, to a certain extent true. Graefe's doctrines, as published by the Sydenham Society, are plausible; but in a practical science of this nature we require something more than doctrines; cases must be given, and Graefe was wiser than his countryman of the London Ophthalmic Hospital, and kept his cat in his bag. Furthermore, we have no objection to the country of Hahnehmann, Preissnitz, and De Loev, having also the honour of inventing the new cure for glaucoma; our object is to arrest the spread of the epidemic in England.

It has been constantly asked, even by those who should know better, what harm do these operations do;—patients are blind, and cannot be made worse; surely, it may be tried. Such questions come badly from the Dublin school of pathology. They do harm by bringing operative surgery into disrepute; most of our hospital surgeons are also public teachers, the guardians of medical literature, and should remember that, although they may not risk the patient's eye or his life, they do risk their own credit and that of the art of which they are the ministers. Would such practitioners operate for stone in cases of diseased bladder or kidneys, or upon arteries in persons with diseased hearts, or remove the local exhibition of cancer while the system is permeated by that virus, or amputate limbs where fatal disease exists in the viscera? Was it not prophetic, and, perhaps, intended for some of those persons we have alluded to in the foregoing, that, more than half a century ago, Beer, the father of German ophthalmic surgery, wrote in his *Lehre von den Augenheilkunde*,—"glaucoma and cataracta viridis, being both the results of inflammation of the eye, must be classed amongst the incurable diseases, because always associated with a great amount of general varicosity of the blood-

vessels of the eye. This cataract readily entices inexperienced physicians, and fond of operating, to the most mischievous interference with the organization of the eye."

There will always be found a certain class of men not quite confident in themselves—not thoroughly permeated with the principles of their art, who are ever willing to adopt novelty, and thus show the public that they are conversant with the newest improvements in science. Upon this subject Professor Forget has written as follows:—

"We are daily told 'that when a new remedy appears, the first duty of the practitioner is to believe in it; that he has no right to doubt the intelligence or the good faith of the inventor; that the first thing to do is to try it,' &c., &c. Now, this is all flagrant absurdity, not to say hypocrisy. Such false principles have been introduced by people who have an interest in being on good terms with everybody, and who find their account in parading new remedies. The truth is the very reverse of this. We ought to wait for the proof before exposing ourselves to new deceptions. There are always plenty of persons ready enough to try the new thing. The wise man will abstain before incurring a danger. Your embarrassment will be great enough if you fall into the snare. New remedies rise up in such quick succession, that you will scarcely have done with one before another turns up. If you find a good one, soon you will be offered a better, and you will end your days in hunting after remedies, having all your life played the part of a dupe, and leaving behind you the remembrance of a superficial and versatile practitioner, without having any settled convictions. The practitioner, therefore, is not obliged to experiment with new remedies. The rule has been invented by *intrigants*, for the purpose of getting themselves spoken of."

Young surgeons do not get cases of white swelling, or aneurisms, or stone in the bladder, to operate on every day, and in the present energetic times of competitive examination and volunteer movements, they have betaken themselves to doctoring eyes. We say, proceed and prosper; there is plenty of room for all; and, alas! but too wide a field for ophthalmic practice in this country. Already two new ophthalmic dispensaries have been opened in our city, and we are sure that no one will regret new outlets being opened for those poor people who go the round of doctors and institutions, receiving care and attention at such establishments. We have only one word more to add—there are plenty of curable cases of ophthalmic diseases which but too often go wrong, or require such a length of treatment, that both patients and practitioners mutually tire of each

other. If, then, the young school of ophthalmic surgeons would turn their attention in this direction, and find out a more expeditious and certain cure for granular lids, or a means of keeping the pupil dilated during the progress of a severe internal ophthalmia, or of lessening the chance of inflammation and its results, even after the best performed operations for cataract, &c., instead of plunging into the globe, pulling out the iris, and cutting off a portion of it in disorganized and totally incurable eyes, they would deserve well of us, of the profession, of humanity.