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CASE

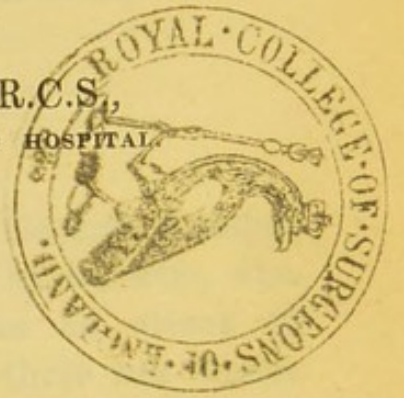
OF

IRIDEREMIA TOTALIS.

BY

EDWARD CHARLES HULME, F.R.C.S.,

SURGEON TO THE CENTRAL LONDON OPHTHALMIC HOSPITAL.



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1861.

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EDWARD CHARLES HULME, F.R.C.S.,

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Received June 21st.—Read June 25th, 1861.

Ion T—, æt. 22, was brought to the Central London Ophthalmic Hospital, on May 31st, 1861, by his wife, who was herself attending as an out-patient for an attack of catarrhal ophthalmia, and who, conceiving there was something peculiar with her husband's sight, wished for my opinion.

On examining the eyeballs, both of them appeared unsteady, rather than oscillating, and there were deep-seated opacities of the lenses; but what was more particularly remarkable, was the absence of the irides of both eyes, and this observation was confirmed by examination, first, with a lens, and then with the ophthalmoscope.

The corneæ were both clear, and of normal size and shape. The scleroticæ both white and healthy; palpation normal; not a vestige of iris was to be seen in either eye, the corneal junction with the sclerotic forming a complete, well-defined ring; the shaded edges of both lenses were clearly to be traced, leaving a narrow ring of the red, illuminated fundus all round; both lenses had capsular opacities, chiefly on their posterior surfaces, the opacities occupying the marginal portions of the lenses. Small, central opacities were, however, to be distinguished on the anterior surfaces, leaving

spaces of perfectly clear lens between the opaque parts. No particular tendency to inversion was observed; the fundi and optic discs of both eyes, of which glimpses only could be obtained, were apparently healthy. There was no drooping of the upper lids, neither was there any intolerance of light; a slight inclination to corrugation of the eyebrows was observable. The sight of both eyes, notwithstanding these imperfections, was so good that he could see to read bourgeois type (No. 6 of Jæger's scales) clearly at about six inches' distance. He says that his eyes oscillated ever since his birth; he sees large objects at a distance more clearly than anything. His power of accommodation is good. His defining powers are not, in any material degree, improved by looking through an artificial diaphragm, as a pinhole in a card, or by convex glasses. His occupation has been for many years that of a sailor, and he took his duty of steering at the wheel regularly, both by day and night, distinguishing the points of the compass. He is now a fireman on the Great Northern Railway. There is no imperfection in any of his children or in any of his family. His sight does not get worse. He has had no advice for his state. Some years ago he saw Mr. Scott at Moorfields.

Complete absence of both irides is very rare. In some cases of irideremia traces of the iris may be discovered. Such a case is reported by Mr. Dixon,[1] a brown line on the upper and inner margin of the left cornea indicating a rudiment of the iris. This patient was suffering from chronic keratitis. There had been no oscillation or unsteadiness of the globes.

Mr. France[2] narrates a case in a woman twenty-three years old. The patient could neither see to read nor write. The globes oscillated. Mr. Lawrence had seen two infants, a few months old, with this congenital deformity. They both appeared to be blind.

Mr. Middlemore[3] also gives the cases of two children in

1 'Ophthalmic Hospital Reports,' vol. i, p. 157.

2 'Guy's Hospital Reports' for 1842, vol. vii, p. 279.

3 'Treatise on the Eye,' vol. i, p. 761.

whom both irides were absent and the globes oscillating. The patients were blind. No amount of light seemed to excite the retina.

M. Sichel[1] denies the occurrence of irideremia, and describes such cases as "congenital mydriasis," in which there is an iris, but retracted to such a degree as to be with difficulty recognisable.

Desmarres considers that one eye only is usually affected.

Von Ammon[2] states that both eyes are usually affected, and rarely one alone. He gives an illustration of this condition.

In most cases of irideremia the lenses or their capsules are more or less opaque. Oscillation of the eyeballs is not, however, always associated with this condition. It is therefore somewhat interesting to find vision comparatively perfect with such combined defects as those narrated in the foregoing case.

[1] 'Iconographie Ophthalmologique,' p. 742.

[2] 'Klinische Darstellungen des Angeborenen Krankheiten des Auges,' p. 50, pl. xii.

DESCRIPTION OF PLATE X.

1. Appearance of one of Ion T—'s eyes, magnified.
2. Ophthalmoscopic appearance.