Iridectomy and division of the ciliary muscle compared / by H.R. De Ricci.

uterine cavity. I have no hesitation in laying it down as a general precept, subject of course to limitations, that this mass of fetal corruption should, when practicable, be exhumed from its living sepulchre.

The sooner this attempt is made the better chance there will be of succeeding; as with the lapse of time the uterus contracts, and the bones get more massed and conglomerated together, or they may become embedded in the substance of the organ, as was undoubtedly the case in the patient whose history I have detailed. The ill success which attended the efforts of Dr. Oldham, and still more so of myself, to get away the fetal remains may be urged as an objection against what I have just said; but in my mind these cases do not materially affect the principle laid down—they only show the difficulty and danger in its application.

In the attempts to seize and draw away the bones the os uteri should be open enough to admit two fingers. If this be not the case its dilatation by means of tents of prepared sponge, or of sea tangle (as recommended by Dr. Sloan), will have to be a preliminary step to each separate operation.

If, with so limited an amount of experience as a solitary case supplies, I might venture upon giving any advice, I would say that it was better to be satisfied with bringing away a little at a time, even though this should entail many operations, than to use persevering and bolder attempts in the hope of accomplishing our purpose by a fewer number of operations.

This principle, you will observe, is essentially the same as that laid down by the highest authorities, with regard to the operation of lithotrity. Had I strictly adhered to it in the case detailed, the result might have been different. At the tenth operation we certainly used more manipulation, and for a longer time than on any previous occasion. I was tempted so to do by the woman's own entreaties to hasten her cure, and also by her exemption previously from any bad consequences. It is of importance to mention, as bearing on the question now before us, that in the case reported by Dan. Schulz (*Comment. de Reb. in Scient. Nat. et Med. Gest.*, Vol. XXI.), it appears that at the end of ten years from the time when labour was missed, the patient underwent a series of operations, by which no less than one hundred and twenty pieces of bone were removed from the uterine cavity, and with the most successful result.

Before concluding, I may be permitted to mention some of the

circumstances under which I would feel inclined to abstain from any attempts at removing the fetal remains from the interior of the uterus. In the first place, then, the presence of acute symptoms, whether of hysteritis or peritonitis, should certainly render any operative measures inexpedient or hurtful. Here we should wait, I think, till these symptoms had subsided, or had become very much abated.

Again, if there be reason to suppose that any ulcerative process had been set up in the uterine parietes, we should be very cautious about meddling with the contents of the uterus, lest, in so doing, laceration of the organ might take place, which accident would probably result in the patient's speedy dissolution.

Lastly, if the case have been of long standing, and the absence of symptoms justify our belief that the uterus has become reconciled to the presence of the mass, there may then be no necessity for actual interference. As we have already seen, such a state of things may come about—the fetal remains being retained for years, and causing very little inconvenience.

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ART. V.—*Iridectomy and Division of the Ciliary Muscle Compared.*

By H. R. De Ricci.

Miss L., aged about forty, came under my care in the early part of the present year for what she thought to be neuralgia of the eye and face. She was tall; of a strong, healthy constitution, and florid aspect. She had been suffering from severe pains in eye and face, but principally in her eye, for about six weeks previous to consulting me; and had been under the care of a professional mesmerizer during a month, at least. Far from receiving any benefit, however, from the manipulations of the disciple of Mesmer, she became decidedly worse. The pain in the eye, and in the frontal and temporal regions increased in violence, and gave her no rest, either day or night. She lost her appetite; she lost her sleep; but, fortunately for herself, she at the same time lost her confidence in mesmerism also. Having applied to me for advice, and finding that she was suffering from great pain in her left eye, I at once directed my attention to it, when I easily discovered that it was no case of neuralgia I had to deal with. She was totally blind of that eye, having lost the sight of it some eight years previously,

apparently from an attack of glaucoma. On her first visit to me it was in a state of extreme congestion and lacrymation; and the intra-ocular pain was of the severest kind. I at once told her that her case was not one of neuralgia, but of inflammation of the internal structures of the eye; and I proceeded to treat it according to the usual method. At first I seemed to obtain some slight advantage; the pains somewhat diminished; and on my second visit I found the patient very much pleased at having obtained some sleep on the previous night; but the relief she experienced was, unfortunately, but of short duration. The intra-ocular pain returned with all its former violence; and in less than a week she was suffering as much as when she first applied to me.

The case was evidently a serious one; and as ophthalmic surgery was not a branch that I specially practised, I proposed to this lady that I should consult with Dr. Hildige on her case. We met the following day; and, after a careful examination, he pronounced it to be a case of sub-acute glaucomatic inflammation; and mentioned to me, privately, that iridectomy would offer the only chance of relieving her present symptoms, and, at the same time, save from destruction the other eye, which was already beginning to suffer sympathetically. We ordered some cooling anodyne lotion; and on the following day, on her again calling on me to tell me that the eye-water had done her no good, and that she had passed another night of agony, I communicated to her Dr. Hildige's opinion, backing it with my recommendation to submit to the operation without delay, which was accordingly performed on the following day—a small portion of the upper part of the iris being excised by Dr. Hildige. This patient was extremely agitated during the performance of the operation; and it required all the skill and dexterity of the operator to bring it to a satisfactory termination. Notwithstanding her restlessness and her excitement, the result was most satisfactory. The pain in the eyeball, which, for so many weeks previously had never left her for a moment, had considerably abated by the following morning; and twenty-four hours after the iridectomy this lady expressed to me that she was free from all the old pain in the eye, and it was well worth undergoing all the anxiety and pain of the operation to obtain the amount of comfort she was then enjoying. This patient continued very satisfactorily for a fortnight, when intra-ocular hemorrhage set in, which was arrested, after some hours, by the application of iced lotions—the hemorrhage, however, caused no return of the

pain. The blood was eventually absorbed, and everything has gone on well up to this date, three months after the operation; and the patient can read, and write, and otherwise occupy herself without the slightest pain or inconvenience.

The following case was never under my care; but from its similarity to the foregoing, and in consequence of it having been successfully treated by section of the ciliary muscle, I am induced to place it here on record in juxta-position with the previous case.

M. N., aged about fifty, a labourer of not very robust aspect, ill fed, and occasionally addicted to intemperance, was admitted into the National Eye and Ear Hospital, with sub-acute glaucoma of the left eye. The disease was of about three weeks' duration when he applied for admission into hospital, and during those three weeks he had been treated in the usual routine way, with leeches, calomel, opium, blisters, &c., &c., &c., without, however, deriving any beneficial result, or obtaining any palliation of the paroxysms of pain to which he was subject. On his admission, the condition of the eye was as follows:—The eyelids were very much swollen and inflamed, and the ball of the eye was hard, small, and sunken within the orbit, so much so, indeed, that it was a matter of considerable difficulty the making an accurate examination of it. The pupil was almost motionless, vision very much impaired, everything he looked at appearing to him as through a cloud, though he could still count the fingers at the distance of two feet. He suffered from great pain, though not constantly; but occasionally the paroxysms were extremely severe. Dr. Hildige having determined on performing iridectomy in this man's case, he requested my assistance at the operation, which, however, we found it impossible to perform. The man was extremely excited, and totally without control over himself; while the eye was so deep in the orbit, and the eyelids so swollen, that by no manipulation was it possible to bring the cornea sufficiently into view to be able, with safety, to penetrate into the anterior chamber and excise a portion of the iris. The administration of chloroform seemed hazardous, owing to the constitutional peculiarities of the man. Such being the state of things, I ventured to suggest to Dr. Hildige a trial of section of the ciliary muscle, which he at once easily performed by plunging a Wenzel's knife through the sclerotica at a point about the one-twentieth of an inch distant from its junction with the cornea. Nothing could exceed the facility and rapidity