

**Forty-fourth annual report of the managers of the Massachusetts
Charitable Eye and Ear Infirmary, November, 1869.**

Contributors

Massachusetts Charitable Eye and Ear Infirmary.
Royal College of Surgeons of England

Publication/Creation

Boston : Daily Advertiser Press, 1869.

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FORTY-FOURTH

ANNUAL REPORT

OF THE

MANAGERS

OF THE

MASSACHUSETTS CHARITABLE

EYE AND EAR INFIRMARY.

NOVEMBER, 1869.



BOSTON:

1869.

DAILY ADVERTISER PRESS,
29 COURT STREET.

THE HISTORY OF THE

REIGN OF

CHARLES THE FIRST

BY

JOHN BURNET

OF THE UNIVERSITY OF OXFORD

IN TWO VOLUMES

LONDON

Printed by J. Streater, at the Sign of the Gun, in St. Dunstons Church-yard, 1679.

THE SECOND VOLUME

OF THE

REIGN OF

CHARLES THE FIRST

BY

JOHN BURNET

OFFICERS FOR THE YEAR 1869--'70.

MANAGERS.

President:

EDWARD H. CLARKE, M.D.

EDWARD REYNOLDS, M.D.,

J. A. BLANCHARD,

J. HUNTINGTON WOLCOTT,

BENJAMIN S. ROTCH,

CHARLES R. CODMAN,

R. STURGES, Jr.,

JAMES LAWRENCE,

T. K. LOTHROP,

HARVEY JEWELL.

Treasurer:

J. WILEY EDMANDS.

Secretary:

AUGUSTUS LOWELL.

Surgeons:

ROBERT W. HOOPER, M.D. FRANCIS P. SPRAGUE, M.D.

GUSTAVUS HAY, M.D. B. JOY JEFFRIES, M.D.

HENRY L. SHAW, M.D.

*Microscopist and Curator of the
Pathological Cabinet.*

HASKET DERBY, M.D. ROBERT WILLARD, M.D.

Assistant Surgeon:

GEORGE W. HANDY, M.D.

Matron:

MARY G. WATSON.

THE HISTORY OF THE
CITY OF BOSTON

FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME

BY
JOSEPH NEALE, ESQ.

VOLUME I.
FROM THE FIRST SETTLEMENT
TO THE YEAR 1700

BOSTON:
PRINTED BY S. KNEELAND, AT THE
SIGN OF THE ANCHOR, IN CORNHILL.

1790.

REPORT OF THE MANAGERS.

AT the last meeting of the Managers of the MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY, it was

Voted, That the Treasurer should prepare for publication a statement of the present condition of the affairs of the Institution.

In pursuance thereof, he now presents such portions of the Surgeons' Report for the year past as are deemed of interest to the public, and the Annual Report of the Treasurer. This is presented in printed form, mainly for the purpose of showing to those who have in the past aided the Institution by their donations, and to all who have been instrumental in advancing it to its present importance, that their generosity and their labors have not been fruitless.

The extent of the present operations of the Infirmary, in its special work of charity, equally demonstrates the beneficent forethought of its founders and our obligations to sustain it. It seems absolutely indispensable to a large class of the poor in our community, who cannot obtain from any other society relief from the disorders of the eye and the calamities incident to their neglect.

We consider it second to no one of our public charities in point of usefulness. Seventy-six thousand patients have received professional treatment at the Infirmary since its foundation in 1824, and in no one year of its operation so many as in the last, a considerable proportion of whom would otherwise have become helpless paupers for the want of sufficient sight to enable them to earn a living. It is not the indolent and worthless of the community who form the class from which these patients come, but chiefly the industrious, who are actively engaged in occupations which cause injuries to the eye, and are ambitious to continue in useful employment.

It is second to no one in the Commonwealth, economically considered. It dispenses incalculable blessings at a comparatively insignificant expenditure of money. The value of eyesight the blind only can compute. Four thousand four hundred and forty-eight men and women have been treated the past year, at a cost (after deducting one thousand three hundred and sixty-two dollars voluntarily paid by house patients,) of two dollars and twenty-eight cents each, including, on an average, twenty-eight house patients occupying beds throughout the year. The State appropriated five thousand dollars, covering nearly one-half this cost, or one dollar and twelve cents for each patient, and we venture to say that no public grant, of equal amount, secures such requital in return.

The increase of applicants who can be properly treated only by admission as inmates of the house,

has induced the Managers to order an addition to the number of beds, which will necessarily cause increased drafts on the treasury the coming year. The Surgeons represent in their report the need of greater facilities for meeting the demands made on them by the increasing number of important cases coming before them. The business of the Infirmary is outgrowing its appointments and its means. The original subscribers, once the support of the Institution, paid their annual contributions until their earthly ministrings ceased, and so few were left that the list was abandoned. Voluntary donations and occasional legacies, with the State grant, are its present resources, and they have hitherto sufficed for its support.

A new generation has taken the place of the patrons of the past, and to them we must appeal in this general way, to supply the means which will enable the Infirmary to meet the now pressing demands of our growing population.

For the Managers,

J. WILEY EDMANDS,

Treasurer.

BOSTON, NOVEMBER 8, 1869.

REPORT OF THE SURGEONS.

THROUGH the medium of special journals, society reports, and by means of local, national and international associations, the Ophthalmic and Aural Surgeons in the various parts of the world are kept in communication with each other, and thus, by mutual thought and criticism, help forward their ever-advancing science. During the past year the Surgical Staff of the Infirmary have endeavored to keep this Institution up with the progress of the specialties here solely attended to.

The generous assistance afforded by the Legislature is in part repaid by what the Infirmary can do for the unfortunate inmates of the almshouses, who, when requiring assistance, are always freely admitted, and treated as long as required, or until their condition is such that they can be attended to by the Medical Staff of the Institutions from which they were sent.

The large and constantly increasing number of patients resorting to the Infirmary, calls for increased facilities and accommodations above those which the present building affords. We have not, for instance, a room or ward which can be kept for patients suffer-

ing from contagious diseases of the eyes, who cannot, therefore, safely be received into the building, although some of these diseases are most liable, from lack of proper treatment, to result in partial or total blindness, throwing the individual for support upon the charity of the community.

Modern science has shown the advantage and necessity, in certain circumstances, of the removal of the eyeball to avoid its affecting the other eye. Patients often refuse to have this done, on account of the expense of an artificial eye, and thus become afterwards liable to lose their other sound eye. We need the means to provide such with artificial eyes, as it is generally only by wearing these that their appearance is such as not to seriously interfere with obtaining employment of the character for which they are capacitated.

It is not understood by the community, as it should be, that diseases of the eye do not, in the majority of cases, tend to get well of themselves without treatment, but are apt to go on from bad to worse. This is specially true in reference to those affections of the eye most prevalent among the working classes, where the loss of the use of the eyes necessarily entails poverty and misery on their families, and increases the number of those in the community who must be supported by the State or private charity. Many cases require several months of careful treatment, in order to finally save useful vision. Such treatment as is then requisite can only be carried out in an Infirm-

ary under the surgeon's daily care. We need larger wards and more beds for the accommodation of this large class, which increases in proportion with the population. Only partial success can be obtained by treating them as out-patients, since they then are too apt to remain precisely in those circumstances which induced the disease. The number of those who thus lose useful vision, or become totally blind, is very great.

The success of the present operations in Ophthalmic Surgery is such that a steadily increasing number of those requiring them is yearly applying to us. Now it must be remembered that such patients not only require to be operated on, but also to be persuaded to submit to operation. It is worthy of consideration whether some increase of facilities and accommodations cannot be made to conduce to this end, as it is generally to the most important and critical operations that this aversion exists.

Again, there is a large class of patients which from lack of room we cannot admit into the Institution, whom a few weeks sojourn with us would save from long treatment. Protracted treatment becomes therefore necessary. Great difficulty, however, is always encountered in the case of out-patients, in inducing the constant attendance so requisite for success ; and these cases drag on from month to month, wearing out the patience of the patient, and defeating the best efforts of the Ophthalmic Surgeon. Proper diet and hygiene, absolutely essential, can only be obtained

within the Infirmary or Hospital, but for want of space our doors must often be closed.

The communities from which the Infirmary draws its patients are largely manufacturing, where accidents to the eyes are of constant and frequent occurrence. The working classes are learning the necessity of seeking immediate advice and assistance in such cases, where every hour's delay is one of increased danger. The Infirmary ought to be freely open, at all times, to such applicants, and surgical aid be readily obtained. This our present means cannot afford, and the need of it is especially felt by the Surgical Staff.

It should be remembered that the present building was arranged for the requirements of twenty years ago, and has not been enlarged, whilst the population of the Commonwealth has increased about fifty per cent. Moreover, the inventions and discoveries in the field of ophthalmology and otology have during the past twenty years raised these specialties to a very high standard more commensurate with their importance, hence the greater trust of the community in obtaining relief and their greater willingness to seek it. Any policy which withholds such relief is only too short sighted ; for nowhere is money *spent*, more truly money *saved*, than in preserving and restoring sight to the working classes.

A glance at the subjoined table will show the number of beds in eye infirmaries, compared to the population, in some of the cities of the world where eye infirmaries and clinics exist.

Cities.	No. of Inhabitants.	No. of Beds.
Berlin,	600,000	120
Dantzic,	82,000	19
Darmstadt,	30,000	15
Dorpat,	14,000	24
Dresden,	128,000	50
Dusseldorf,	55,000	80
Frankfort,	80,000	12
Freiburg,	19,000	17
Glasgow,	490,000	24
Halle,	46,000	50
Hanover,	75,000	27
Heidelberg,	17,700	106
Königsberg,	17,700	44
Lausanne,	95,000	22
Leipsic,	80,000	31
Ludwigsburg,	12,000	23
Moscow,	350,000	96
Munich,	165,000	40
Prague,	160,000	180
Riga,	65,000	75
Stettin,	65,000	19
Stuttgart,	61,000	20
Turin,	300,000	300
Utrecht,	57,000	44
Vienna,	554,000	92
Wiesbaden,	27,000	54
Würzburg,	38,000	30
Zurich,	40,000	45

The Massachusetts Charitable Eye and Ear Infirmary has but thirty-nine beds, and yet its doors are open to all the needy inhabitants of the Commonwealth (numbering nearly one and a half millions,) who require advice, assistance or operation. Patients are also seen from all other States and countries.

Complaint has been made by the medical profession that the Infirmary, like other public charities, is abused by a large class in the community able to remunerate

a physician for services rendered. The Surgical Staff, receiving no emoluments from patients or trustees, are alike independent of bias on the one side or the other. With strict justice toward applicants, they endeavor, so far as possible, to refuse those who are apparently abusing a public and private charity, although they cannot but realize that this refusal tends to allow patients to fall into the hands of inexperienced and unskilled practitioners. But it is also true that physicians frequently themselves send to the Infirmary patients who can amply afford to pay for advice, and refusal in these cases often causes unreasonable complaint.

CLASSIFICATION OF PATIENTS, DISEASES AND OPERATIONS.

The number of patients applying during the year ending September 30, 1868, has been —

The tables which follow give the sex, residence, classification of diseases and operations : —

Whole number of patients,	4,448
Number of patients with disease of eyes,	3,328
Number of patients with disease of ears,	1,120
	— 4,448
Males,	2,359
Females,	2,089
	— 4,448
Residents of Boston,	2,228
Residents of other parts of Massachusetts,	1,966
Residents of Maine,	82
Residents of New Hampshire,	68
Residents of Rhode Island,	25
Residents of Vermont,	26
Residents of Connecticut,	6
Residents of other States,	19
Residents of British Provinces,	22
Residents of foreign countries,	7
	— 4,448

No. of patients admitted into the Infirmary, .	352
Males,	206
Females,	146
	<hr/> 352

CONJUNCTIVA.

Catarrhal Ophthalmia,	464
Purulent "	11
Gonorrhœal "	2
Diphtheritic "	1
Granular "	255
Phlyctenular "	199
Ophthalmia neonatorum,	7
Conjunctival tumors,	2
Xerophthalmia,	1
Symblepharon,	6
Pterygium,	16
Pinguecula,	2
Subconjunctival abscess,	1
Subconjunctival ecchymosis,	5

CORNEA AND SCLERA.

Keratitis,	174
Opacity and Synechia anterior,	8
Leucoma,	123
Ulcer of Cornea,	275
Staphyloma anterior,	18
Scleritis and Episcleritis,	1
Staphyloma of Sclera,	1
Tumor of Cornea,	1

IRIS AND CILIARY BODY.

Iritis Traumatic,	14
Iritis Syphilitic,	13
Iritis Rheumatic,	99
Ciliary Neuralgia,	10
Foreign body on Iris,	1
Dialysis,	2
Prolapse of Iris,	6
Cyclitis,	2
Mydriasis,	9
Coloboma,	1
Abscess of Iris,	1

Absence

CHOROID AND VITREOUS.

Irido Choroiditis,	12
Choroiditis,	34
Glaucoma,	14
Sclerotico Choroiditis Posterior,	5
Choroiditis Disseminata,	3
Muscae Volitantes,	10
Membrane and Opacity of Vitreous,	6
Cysticercus,	1

RETINA.

Hyperæmia,	2
Retinitis,	4
Retinitis Albumenurica,	2
Retinitis Pigmentosa,	3
Retinitis Syphilitica,	1
Hyperæsthesia of Retina,	3
Apoplexies of Retina,	3
Separation of Retina,	17

OPTIC NERVE.

Atrophy,	22
Neuro Retinitis,	5
Neuritis,	3

LENS.

Cataract, hard and soft,	121
Cataract, Diabetic,	1
Cataract, Congenital,	6
Cataract, Traumatic,	17
Cataract, Capsular,	3

LESIONS OF THE GLOBE.

Exophthalmos,	3
Phthisis Bulbi,	18
Hydrophthalmos,	3
Panophthalmitis,	2
Sympathetic Ophthalmia,	2
Intra-ocular Tumor,	3

ACCOMMODATION AND REFRACTION.

Presbyopia,	30
Asthenopia,	53
Hypermetropia,	107
Myopia,	45
Astigmatism,	3

MUSCULAR AFFECTIONS AND NEUROSES.

Paralysis and Paresis,	14
Strabismus Convergens,	63
Strabismus Divergens	8
Nystagmus,	4
Blepharospasmus,	3
Amblyopia,	45
Amblyopia Potatorum,	7
Amaurosis,	6
Hemeralopia,	1

LIDS.

Abscess of Lid,	15
Blepharadenitis and Ciliary Blepharitis,	201
Hordeolum	25
Chalazion,	56
Ectropion	3
Entropion,	8
Trichiasis,	31
Ptoxis,	1
Lippitudo,	
Eczema,	
Inflammation and Edema of Lids,	6
Lupus,	1
Horn,	1
Warts,	1
Rodent Ulcer of Lid,	1

LACHRYMAL PASSAGES.

Epiphora and Obstruction Lachrymal Ducts,	107
Affection of Lachrymal Passages,	84
Affections of Lachrymal Gland,	4

GENERAL INJURIES.

Foreign Bodies in Conjunctiva, Cornea and Sclera, .	204
Burns,	19
Blows and Cuts,	71
Disease of Orbit,	3
Not recorded and unfit,	76

DISEASES OF THE EAR.

Chronic Aural Catarrh,	256
Acute Aural Catarrh,	72
Otitis Externa,	203
Otitis Media,	174
Eczema,	27
Obstruction from Cerumen,	145
Abscess of External Ear,	12
Abscess of Meatus,	12
Furuncle in Meatus,	18
Fleshy Granulations in Meatus and on Membrana Tympani,	19
Polypi,	30
Myringitis,	18
Calcareous deposit on Membrana Tympani,	6
Traumatic Perforation of Membrana Tympani,	1
Deafness from Injury, (falls or blows on head,)	3
Deafness associated with Cerebral Disease,	3
Deafness associated with Syphilitic Disease of Bone,	1
Foreign Bodies in Ear,	5
Tumors of External Ear,	3
Nervous Deafness,	32
Obstruction of Eustachian Tubes,	4
Otalgia,	8
Unfit or Unrecorded,	68

OPERATIONS.

There have been two hundred and eighty-three operations, as follows:—

CATARACT.*				
	Total.	Successful.	Undetermined.	Unsuccessful.
Flap downwards, .	1	1	0	0
Linear operation, .	3	3	0	0
Discission, .	12	9	3	0
Græfe's method (peri- pheric linear), .	52	43	5	4
Total, .	68	56	8	4
Cataract,				68

* The subjoined table gives the result in forty-seven cases where the vision was accurately measured. The amount of vision is, of course, less than it will be ultimately; for it was taken only from three to four weeks after the operation was performed. Of the sixty-eight cases of operation, in two the eye was lost by panophthalmitis, one was lost by intra-ocular hemorrhage after the wound was well healed, and one was lost by irido choroiditis; eight are undetermined, most of them requiring a subsequent operation for the removal of capsule from the pupil. Of the fifty-six recorded as successful, the following table gives the amount of vision for distance in forty-seven. All of them had useful vision, but in nine the exact result for distance is wanting, the patient having left before an opportunity was afforded for examining the vision. The scale used was Dyer's test type, the patient wearing an appropriate convex glass.

It is, in this connection, both proper and important to note the fact, that the patients who furnish these statistics were, without exception, in needy circumstances, and often dependent upon charity for their support. Institutions of a kindred nature, in this and other countries, are generally provided with private rooms for the reception of those in comfortable circumstances. Operations on patients thus situated are naturally apt to be followed by a larger measure of success than those performed in a public ward on persons in feeble health accustomed to privation and debilitated by want. It obviously results that these can be no selection of cases.

Amount.	No. of cases.	Amount.	No. of cases.
V=1,	1	V=1.6,	3
V=2.3,	4	V=1.8,	4
V=3.5,	1	V=1.9,	1
V=1.2,	5	V=1.10,	1
V=2.5,	8	V=1.16,	1
V=1.3,	8		—
V=1.4,	4	Total,	47
V=1.5,	7		

IRIDECTOMY.

For Artificial Pupil,	35	
Irido Choroiditis,	1	
Glaucoma,	13	
Iritis, old,	2	
Iridectomy, with removal of Shrunken Lens, .	3	
Miscellaneous,	9	
	—	63
Agnew's Operation for Opaque Capsule, . . .	3	
For removal of Opaque Capsule,	9	
For removal of Staphyloma Corneæ,	3	
Enucleation for Sympathetic Ophthalmia, . .	11	
Enucleation for Tumor of the Globe,	1	
Enucleation for Anterior Staphyloma, . . .	2	
Enucleation of Disorganized Eye,	3	
Pterygium, Desmarre's Operation for, . . .	11	
Strabismus Convergens,	29	
Strabismus Convergens, Liebreich's Operation for, .	6	
Strabismus Divergens,	2	
Entropion,	20	
Entropion, Arlt's Operation,	4	
Ectropion,	2	
Trichiasis,	14	
Distichiasis,	5	
Enlargement, Palpebral Aperture,	5	
Symblepharon,	3	
Ptosis,	1	
Tumor of Lid,	21	
Horn of Lid,	1	
Dermoid Tumor, inner Canthus,	2	
Tumor of Conjunctiva,	1	
Tumor of Lobe of Ear (fibrocellular), . . .	1	
Plastic Operation on Lobe of Ear,	1	
For closure of External Auditory Meatus, . .	1	
Total,	283	

ROBERT W. HOOPER, M.D.
 GUSTAVUS HAY, M.D.
 HASKET DERBY, M.D.
 HENRY L. SHAW, M.D.
 FRANCIS P. SPRAGUE, M.D.
 B. JOY JEFFRIES, M.D.
 ROBERT WILLARD, M.D.

TREASURER'S REPORT.

THE Treasurer of the MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY presents herewith his Annual Report.

The property of the Institution consists of:

The Infirmary Estate on Charles Street, costing,	\$70,000.00
Policies of Massachusetts Hospital Life Insurance Company, (the interest only being available,)	6,700.00
Bank Stocks,	27,977.75
Railroad Stocks,	14,386.88
United States Bonds,	8,975.00
	<hr/>
	\$128,039.63
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The receipts for the year have been:

Interest on Investments,	\$5,127.50
State grant,	5,000.00
From "Paying Patients" for Board,	1,362.20
	<hr/>
Income of 1869,	\$11,489.70
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The expenses for the year have been:

Repairs of house,	\$579.95
Furnishings,	866.59
Provisions,	5,221.24
Fuel, Gas and Water,	1,259.15
Salaries and Domestics' Wages, including \$400 to Matron and \$100 to Surgeons' Assistant,	2,366.50
Medicines and Instruments,	1,020.83
Miscellaneous,	218.19
	<hr/>
Expenses of 1869,	\$11,532.45
	<hr/>

We have the satisfaction of reporting, on the termination of another year, that there has been no material excess of expenditures over receipts, the difference being only \$42.75. Satisfactory as this is in an economical view, yet it is this close regard to our financial condition that now limits the action of the Infirmary in its field of usefulness, one that is unoccupied by any other institution, and which is constantly widening with the increase of our population. And it becomes a question to consider if we are not now justified in extending our facilities, even though it should involve a special call upon the charitable to replenish the treasury. At times during the past year too many patients have been admitted for the number of beds we have, and it would seem proper, if no more is done, to add at once as many beds as can be arranged by suitable change in the disposition of rooms.

The number of patients the last year was 4,448, being 605 more than were treated the year preceding. Of house patients there were 16 more than in the preceding year. The expenses of 1869 were \$388.42 more than in 1868.

Respectfully submitted,

J. WILEY EDMANDS,

Treasurer.

BOSTON, OCTOBER 28, 1869.