

OPHTHALMOLOGY.

43. *Spasms of the Eye after Extraction of Cataract.*—Mr. WHITE COOPER, in a clinical lecture (*Lancet*, June 6, 1857), makes some interesting observations on this obstacle to success after extraction of cataract—an accident not sufficiently dwelt on in the books, and one which is not of uncommon occurrence.

From the mode in which the muscles of the eye are arranged, any sudden and strong contraction of them must compress the eye, and may force the iris between the edges of the corneal section and interfere with the success of the operation.

The symptoms of spasms of the muscles of the eye "are sudden, acute, grasping pain, with a sensation as if the eye were drawn back in the socket, generally attended with coruscations of light and colours, the result of compression of the retina. In the majority of cases it comes on within the first thirty-six hours after operation, generally during the brief interval between sleeping and waking, or just when the patient is dropping off to sleep, and is most marked in persons who have suffered from disturbance of the nervous system, as indicated by neuralgia, spasms, and cramps.

The immediate indication is to tranquillize the nervous system, and this object is best attained by a soothing cordial draught, composed of thirty drops of Hoffmann's anodyne, twenty drops of Squire's solution of bimeconate of morphia, and a drachm of the compound tincture of lavender, in an ounce of water. In some cases I have given six or eight drops of the tincture of *Cannabis Indica* on a lump of sugar with excellent effect. The most grateful application to the eye itself is a fomentation of hot water, but in using this the utmost gentleness is necessary, the irritability of the eye being so great that a very slight touch will often bring on a return of the spasm. For the same reason, it is preferable to darken the room, thoroughly excluding the light from the patient, rather than to irritate the eye by compressing it with bandages. And here let me give you a hint; never allow a looking-glass to remain in the patient's room. I have several times known much annoyance caused by a gleam of light falling on a mirror, and reflected to the patient's face; for the same reason have any chinks in the shutters stopped up; more mischief may be done by a bright ray of light streaming through a crevice, than by a considerable amount of general light, gradually admitted.

It must be borne in mind that, for the better illustration of my subject, I have selected the most marked cases in my note-book. It by no means necessarily follows that destruction of the eye should follow spasm of the muscles; the immediate effect will almost certainly be disturbance of the section, and prolapse of the iris. The prolapse may, however, subside, or not be sufficiently great to interfere materially with the success of the operation; or again, if the prolapse be so considerable as to cause obliteration of the pupil, vision may still be restored by an artificial pupil.

Prolapse of the iris will be indicated by a slight œdematous swelling, commencing at the inner canthus, and stealing along the margin of the upper lid; the lid becomes exquisitely tender, so that the patient shrinks from the slightest touch, and there is generally the sensation of a foreign body under it. There is a copious discharge of scalding tears, the patient avoids light and the slightest movement of the lid. If you do manage to raise the lid, you will find the cornea thrown upwards, and there will be more or less redness of the conjunctiva and sclerotic; simultaneously with these local indications the patient will complain of aching over the brow, extending down the side of the nose and cheek-bone, which is tender to the touch; the pain is aggravated at night.

The treatment which I believe to be best for prolapse of the iris is, first and above all, absolute quiet of the eye; the least handling or attempt to open the lids almost certainly brings on a return of the spasm, and of course keeps up the mischief. The object we should steadily keep in view is, to allow the iris to recover its position, and the section to become firm. The utter inability to

raise the lid points out that Nature requires it to remain closed, in order that she may perform her work.

It is generally recommended that the prolapse should be touched with nitrate of silver. In some cases I have seen this useful, in others hurtful; and on the whole, I am of opinion that time and quiet will attain the great object better and with less hazard than the use of the caustic. I remember a case in which I assisted the late Mr. Dalrymple. Three weeks after extraction the eye remained irritable, there being a small prolapse, but sight was returning favourably. Wishing to hasten matters, Mr. Dalrymple touched the prolapse with caustic; violent pain came on, subacute inflammation followed, and the eye was lost. I believe that he used caustic no more in such cases.

Time and quiet, then, are the main agents in the cure of prolapse of the iris; when the cicatrix is forming, advantage may be derived from the use of belladonna; and if there be congestion, the application of a leech or two from time to time will be serviceable. There is one thing, however, which we are called upon to ameliorate, and that is the frontal neuralgia. An ointment, composed of one drachm of extract of opium to four drachms of strong mercurial ointment, well rubbed in at night, is often efficacious; but I have found still greater relief afforded by painting the painful surface freely with a lotion composed of one grain of nitrate of silver dissolved in half an ounce of nitric ether. This sometimes acts like a charm in removing the pain. Another useful application is chloroform thus applied; a layer of cotton-wool is to be spread over the forehead, then sprinkled with chloroform, and covered with oiled silk. The vapour is thus confined without coming in contact with the skin.

There is a point in the after-treatment of cataract cases to which I would draw your attention—namely, the importance of avoiding any sudden startling of the patient, especially from sleep; as I look back upon the cases in my practice in which there has been prolapse of the iris, I may ascribe this mainly to two causes—the eye being struck, or the patient being startled. It is not necessary that there should be a real blow; a mere touch will be sufficient to cause a sharp action of the muscles of the lids and of the eye, and so the flap may be displaced. When, therefore, the eye is being cleansed, the patient should always be warned when the sponge or rag is going to be applied; for if not so prepared, a start will generally take place, and the eye may be struck.

44. *Diphtheritic Ophthalmia*.—This is an affection almost unknown in France; nor is there any mention made of it, either in ancient or modern French treatises, on diseases of the eye. In Germany, however, much has been published regarding it; and, from the nature of its progress—from its severity, and its special characters, it is a malady deserving a place in our nosological tables. M. Gibert of Geneva, whose service as *interne* in the hospital of St. Eugenie afforded him an opportunity of observing the disease, gives a description of it, and from his remarks we subjoin the following particulars:—

Diphtheritis of the mucous membrane of the eye is as general as that occurring in the larynx. In 1846 and 1847 M. Chassaignac described a purulent ophthalmia, which was accompanied by the formation of false membrane; this, however, is quite a different affection, bearing the same relation to the diphtheritis of the eye, which ulcero-membranous stomatitis does to true diphtheritic stomatitis. In ocular diphtheritis, the mucous membrane is dry, of a pale gray colour, and never during the whole period of the formation of false membranes, exhibits the granulations characteristic of purulent conjunctivitis. In the first case the circulation is almost completely interrupted, while in purulent ophthalmia the mucous membrane is highly vascular and the circulation active. According to Graefe, a characteristic sign of diphtheritis is, that on account of a more marked condition of stasis, the mucous membrane contains less blood serviceable for the purposes of circulation; moreover, in purulent ophthalmia, at first a lemon coloured secretion takes place, which quickly becomes turbid and purulent; in diphtheritis, there is at the first no secretion, the eye being completely dry; at a later period, a liquid of a dirty gray colour oozes away, composed, says Graefe, of tears, epithelial scales, and some colouring matter of the blood.