

RECOVERY OF VISION AFTER TWENTY-SEVEN YEARS

BY

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It has recently been my good fortune to be able to operate successfully on a woman, aged 35, who had been suffering from double lamellar cataract (as illustrated in Fig. 3) of an opacity such that she had only been able to distinguish between light and dark since she was 8 years old. Such an opportunity must be of very rare occurrence, and, consequently, there is no routine procedure for such cases; in the circumstances I think that a few notes on my experience may be of some interest.

The patient was employed as a telephone operator, and

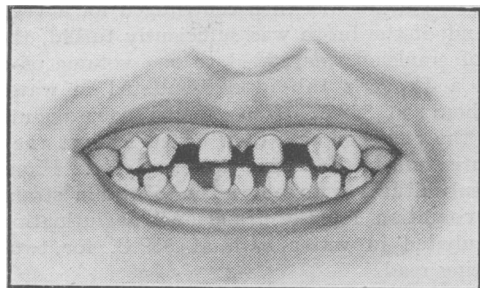


FIG. 1.

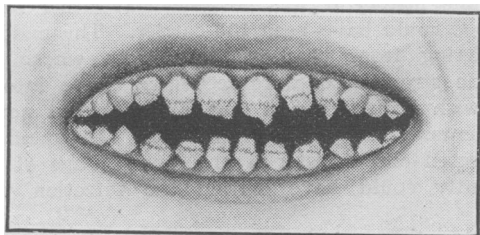


FIG. 2.

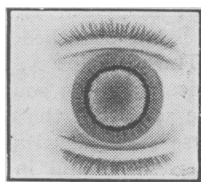


FIG. 3.

performed her duties quite satisfactorily, but her general health was not good; her complexion was bad, and she had little interest in life or in her personal appearance. When a very small child she had been able to see sufficiently well to learn her alphabet and elementary reading and writing, always holding her book very close to her eyes, as she was, in addition, highly myopic.

With regard to her present condition, her teeth illustrate well the defective enamel so frequently found in association with lamellar cataract; they are shown in the accompanying drawing (Fig. 1). Fig. 2 was drawn from a case of a boy, aged 14, on whom I operated for lamellar cataract some time ago; it clearly demonstrates the exposed dentine, affecting, as it almost invariably does, the central and lateral incisors, the canines, and first molars of the permanent dentition in upper and lower jaws; this is found to be worn away in the adult.

The presence of about 10 dioptries of myopia, as measured around the limit of the cataract with a dilated pupil, made me fear the possibility of a detached retina if any operation was performed involving a large opening in the eyeball. I decided to operate by needling only, to proceed by small stages, and to open the eye only in case of urgent need. On each occasion I used a Ziegler

knife—one only—and wore a binocular loupe to observe the detail of the operation. On the first occasion I made one long cut only; on the second, two crescentic cuts, joining at each end; this was done to ensure the escape of the contained portion of lens matter and, at the same time, to limit the total amount of lens matter which could escape at one time and so obviate glaucoma. The technique proved to be most satisfactory.

On the day following the second operation I applied two leeches to control the small rise in tension which was inevitable; in this way all trouble from increased tension was avoided. Following the second operation three further needlings were performed on the right eye and four on the left; on each occasion the loupe was worn and the procedure adapted to the condition found.

The result was as follows:

$$\text{Right with } \frac{+ 4.00 \text{ DS}}{+ 1.00 \text{ DC Axis } 85^\circ} = \frac{6}{6} \text{ partly.}$$

$$\text{Left with } \frac{+ 4.00 \text{ DS}}{+ 1.50 \text{ DC Axis } 90^\circ} = \frac{6}{6} \text{ partly.}$$

$$\text{With } + 3.50 \text{ DS added each eye} = J 1.$$

I consider that the failure to read 6/6 fully is due to imperfect development of macular function, as there is no medial obstruction or fundus disease.

Since the patient has been able to see, my efforts to improve her general health have met with remarkable success; she now has a good complexion, has energy and interest in life, and the natural pleasure of being able to choose her own clothes and attend to her own personal appearance has transformed her whole mental outlook. She has learned to write, has become a shorthand-typist, and hopes before long to leave her switchboard for another post, to which she looks forward with much interest.

The illustrations are from drawings prepared by Theodore Hamblin, Ltd., opticians, Wigmore Street.

ACUTE HAEMORRHAGIC PANCREATITIS

REPORT OF FOUR CASES

BY

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Although acute pancreatitis is perhaps not to be considered as one of the very rare causes of the acute abdomen, in general hospital statistics it appears to be infrequent. The occurrence of four cases in one year in the practice of a single surgeon, and the fact that they were all extremely typical of this condition, may justify recording them. The first two of these cases were verified at operation; the second two, unfortunately, were fatal, without operation, and in neither was a necropsy permitted. The symptoms in these latter cases were, however, so characteristic as hardly to admit of doubt. The first patient was a girl, aged 17 years, who was operated on and died, chiefly, I believe, because the tube draining her gall-bladder came out and allowed the escape of stones and bile into the abdomen, in this manner adding the factor of infection to what was, in my opinion, an aseptic inflammation of the pancreas. The second patient recovered. She was a woman, aged 50, who was also operated on in the same manner, and presented at operation much the same appearances. In both these patients the gall-bladder, while showing no definite signs of inflammation, contained numbers of very small cholesterol calculi, the type which, according to the theory of Opie and Archibald, might lodge at the bile papilla, leaving the opening of the duct of Wirsung patent behind it, and so permitting the regurgitation of bile into the pancreas.