INJURIES TO THE EYE, AND EXTIRPATION.

By AUGUSTIN PRICHARD, Esq., F.R.C.S., Surgeon to the Bristol Royal Infirmary.

SEVERE injuries to the globe of the eye are not unfrequently followed by very serious consequences even to the uninjured organ. About four years ago, I removed the injured globe of the eye from a man in whom it had created constant pain, and had disabled the other eye for nine months. In a very few days after the operation, under chloroform, the uninjured eye was comparatively strong, and he returned to his occupation. This case has been published in our JOURNAL,* and through the same medium I have also drawn attention to the fact that incurable blindness frequently follows an injury to one eye. The accident likely to produce this result is not total and immediate destruction of the eye, but such an injury as the following:—A contused wound or puncture of the cornea and iris, when the capsule has been laid open, and the lens partially escapes, and presses on the iris and ciliary processes, and keeps up internal inflammation of the eye: in such a case the sight is speedily destroyed, the eye becomes atrophied, and the other frequently follows in the same course from the effect of a similar chronic inflammation of its internal structures sympathetically established in it.

I subjoin a list of cases which have come under my own notice at the Asylum for the Blind in Bristol and elsewhere, in each of which incurable blindness followed an injury in one eye only; and a record of only twenty instances out of many which I have examined will be sufficient to establish the fact I have insisted upon, and to show the importance of attending to the subject.

I believe that when chronic internal inflammation attacks the second eye after an injury to the first, the proper plan of treatment is to remove the remains of the injured organ. I should not have proposed so severe a measure, were it not that we have the power of destroying pain; and as the operation is in itself entirely devoid of danger to life, or of much pain or inconvenience in the after treatment, it must come into use in suitable cases.

The following patient was under my care nearly two years ago.

CASE. T. B., aged 14, accidentally divided the cornea, iris, and lens of the left eye with a butcher's knife. When I saw him, two days afterwards, the lens was opaque, and some shreds of membrane were hanging out. The eye gradually healed, but before this process was completed he suffered constant pain, and atrophy of the injured eye began. The right eye then became painful and intolerant of light, with redness of the sclerotic and great flow of tears. He could scarcely open it, and was quite incapacitated from attending to his occupation for two months, and the sight was getting dim. Ten weeks after the accident, I extirpated the remains of the injured eye, under chloroform. In six days, the right eye was much more tolerant of light than before, and the left was healed. He had then a cold, and pain in both orbits, but he was quite cured in four weeks after the operation. I have frequently heard of him since, and find that his remaining eye is strong, and the sight good, and that he continues his former occupation—that of a butcher's boy.

I believe that without this proceeding he would have become incurably blind; and it appears to me that these cases are the principal ones where for the future the operation of extirpating the globe of the eye will be admissible, the return of the disease after the operation in cancerous cases rendering the results in such instances most unsatisfactory.

I have under my care at the present time a boy who lost his right eye during last winter by a blow from a snow-ball. The eye is now atrophied and sunken. He was under treatment at one of the hospitals in the midland counties for some months. He has now internal inflammation of the left

eye, with adhesion of the iris to the capsule, and opaque deposit covering its surface. The disease appears to have been partially arrested by the treatment adopted, but his sight is still extremely imperfect.

Table of Cases of Injury of the Eye.

Name.	Age.	History.	Present condition.
Thos. Hawker ..	58	Lost the left eye by accident forty-eight years ago. The right subsequently was lost from inflammation.	Both completely sunk.
David Oliver ..	38	The right was lost by a cut with a reaping-hook twenty years ago; and the other was destroyed by inflammation immediately afterwards.	Both completely sunk.
William Lester ..	26	Was shot with an arrow in the right eye nineteen years ago. The left eye was lost by subsequent inflammation.	Left pupil closed and blocked up by opaque capsule, and the cornea partially opaque. Right sunk.
William Sutton ..	24	Right lost by an injury fourteen years ago. The left by inflammation coming on five weeks afterwards.	Right eye atrophied. Left pupil closed with opaque capsule.
Maria Lee	31	Was struck by a stone in the right eye when three years old, and inflammation destroyed the other.	Both atrophied. N.B. Sees no light whatever; but her eyes are weak in a bright light.
M. A. Richards ..	29	When six years old was wounded in one eye by a penknife, and lost the other by inflammation.	Both sunk completely.
Jane Crew	32	Received a blow with a stone in the left eye twenty years ago; the right was destroyed by inflammation three months afterwards.	Both completely sunk.
Alfred Parsons ..	20	The left eye was shot by an arrow nine years ago; and the right was lost a year afterwards by internal inflammation.	Both atrophied.
John Webb	22	Ten years ago was injured in the right eye by an awl. The left went gradually by internal inflammation.	Right sunk. Left; synechia posterior and central capsular opacity.
John Jones	16	Eleven years ago lost the left eye from an injury with a fork. The right a year afterwards from inflammation.	Left sunk. Right cornea opaque.
John Smith	—	Lost the left eye eight years ago by a blow with a stone. The right gradually decayed, and was lost a year afterwards.	Both atrophied. The right cornea and iris are small and circular; capsule opaque. Left not quite so regular.
Susan Powell ..	20	The right eye was lost by an injury; the left became gradually useless.	Amaurosis of the right, with constant spasmodic action of the internal rectus. Corneal opacities.

Table of Injuries of the Eye (continued).

Name.	Age.	History.	Present condition.
John Hewlett ..	22	Received a blow with a stick upon the left eye twelve years ago. This destroyed the sight. He lost the right six years afterwards from internal inflammation.	Right eye staphylomatous, left, cataract. Both capsular and lenticular; with adhesions of the iris to the capsule. Sees the light with both eyes.
Thomas Higgs..	23	Lost the left eye by an injury with a piece of iron four years ago. The right was gradually lost by internal inflammation three months afterwards.	Left eye sunk. Right, cataract, adherent pupil, with green and discoloured iris.
Maria Jones	13	The right eye was injured nine years ago by a fork, and the sight of the left eye was destroyed by internal inflammation six months afterwards.	Both atrophied.
Benjamin Jones	21	Lost the right eye by a blow from a stone; and the right by subsequent inflammation sixteen years ago.	The right eye is sunk, and the left is not quite sunk; but the membranes are quite opaque.
John Rogers....	24	Lost the right eye by a blow from a crane three years ago. The left went gradually by inflammation six months afterwards.	Both sunk.
Jane Whiting ..	12	Lost the right eye by a blow four years ago. The left went by internal inflammation.	Right sunk. Left staphylomatous, with a closed pupil.
John Anelly	24	Right injured by accident; left by subsequent inflammation when he was three years old.	Left pupil blocked up with lymph. Right sunk.
Wm. Perry	16	Right injured by accident; left lost by subsequent inflammation.	Closed pupil in left. Right atrophied.

This series of cases consisting of persons of both sexes, who have met with different kinds of accidents, as cuts, punctures, and rupture of the eye, at all ages, *but in each instance in one eye only*, and in all of which incurable blindness of both eyes followed, is, I think, sufficient to convince any one of the peril arising from destruction of one eye, and of the necessity of care in pronouncing an opinion as to the probable result of any such case. I believe the proper treatment to be that which I have recommended, *i. e.*, extirpation of the injured organ as soon as there are evidences of much inflammation in the other. This requires further experience; but I should not hesitate to urge the operation upon any one who consulted me under these circumstances.

Clifton, Bristol, August 29th, 1854.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH: QUARTERLY MEETING.

The Quarterly Meeting of the Bath and Bristol Branch was held at the Royal Western Hotel, Bristol, on September 28th, at 8 p.m.; John Smith Soden, Esq., President, in the Chair.

There were present:—George Allen, Esq. (St. George's); John Barrett, Esq. (Bath); George Burder, M.D. (Bristol); J. B. Burroughs, Esq. (Clifton); Henry Clark, Esq. (Bristol); J. G. Davey, M.D. (Northwoods); Jas. Godfrey, Esq. (Bristol); J. L. Green, Esq. (Bristol); W. B. Herapath, M.D. (Bristol); George King, Esq. (Bath); Crosby Leonard, Esq. (Bristol); Thomas Martin, Esq. (Bristol); Frederick Mason, Esq. (Bath); E. S. Mayor, Esq. (Bristol); J. S. Metford, Esq. (Clifton); W. F. Morgan, Esq. (Bristol); George Norman, Esq. (Bath); G. S. Ogilvie, Esq. (Redlands); John O'Bryen, M.D. (Bristol); Joshua Parsons, Esq. (Beckington); Augustin Prichard, Esq. (Clifton); Charles Smerdon, Esq. (Clifton); John Soden, Esq. (Bath); John Kent Spender, Esq. (Bath); R. N. Stone, Esq. (Bath); J. G. Swayne, M.D. (Clifton); S. H. Swayne, Esq. (Bristol); E. H. Swete, Esq. (Wrington); James Tunstall, M.D. (Bath).

CASE OF INTESTINAL OBSTRUCTION, SUCCESSFULLY TREATED WITH STRONG PURGATIVES. BY J. G. DAVEY, M.D.

(This case has been received for publication in the JOURNAL.) Mr. GODFREY said it was always gratifying to the surgeon not to be obliged to have recourse to operation. In reference to the case of intestinal obstruction, operated on by Dr. Ridge and Mr. Hilton, which Dr. Davey had mentioned, he said the diagnosis was excellent, and the operation quite justifiable. It was not a parallel case with that of Dr. Davey, as in the former a portion of the jejunum was found strangulated in an opening in the mesentery. Strictures of the intestinal tube are more dangerous, the nearer they are to its commencement. Perhaps in Dr. Davey's case a biliary concretion may have caused the obstruction.

Dr. DAVEY thought in Dr. Ridge's case, as reported, there were no sufficiently diagnostic symptoms present to render gastrotomy justifiable. If active purgation had been employed, the result might have been otherwise, as probably the displacement of the jejunum was congenital.

Mr. NORMAN thought active purgation would have increased the mischief in Dr. Ridge's case.

Mr. KING thought opiates often more useful in such cases.

Mr. JOHN BARRETT thought that in these cases the presence of a tender point, and a limited protuberance in the contour of the abdomen, localising the part affected, would justify gastrotomy. It was difficult to ascertain the state of things early enough for an operation to be of use, as the intestine soon becomes irretrievably damaged. It was a curious fact, that the stomach would retain purgatives, as in Dr. Davey's case. He had effected reduction in a case of strangulated hernia, after the employment of large enemata. He thought the operation justifiable in Dr. Ridge's case.

CASE OF INTESTINAL OBSTRUCTION FOR TWENTY-EIGHT DAYS, TERMINATING FATALLY AFTER OPERATION.

BY GEORGE NORMAN, ESQ.

(This case has been received for publication in the JOURNAL.)

Mr. GODFREY referred to a case brought by him before the Association some years ago: a gentleman died from prostatic disease, and the transverse colon was found enormously distended, and passing from the ensiform cartilage in a perpendicular direction to the pelvis, as in Mr. Norman's case. He thought that perhaps the transverse colon when, greatly distended, naturally assumes that position.

Dr. TUNSTALL asked whether the treatment of the uterine affection caused the pelvic peritonitis?

CASE OF DIFFICULT LABOUR FROM HYDROCEPHALUS, WITH OBSERVATIONS. BY J. G. SWAYNE, M.D.

Messrs. BARRETT and MASON, and Dr. TUNSTALL, referred to similar cases where delivery was in time effected by the natural efforts.

MENSTRUATION RESUMED AFTER A CESSATION OF FORTY YEARS.

BY GEORGE KING, ESQ.

Mr. KING mentioned a case of a lady, aged 82 years, who for the last four months has menstruated regularly, after a cessation of forty years.