

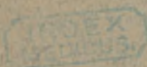
WEBSTER (D.)

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BY

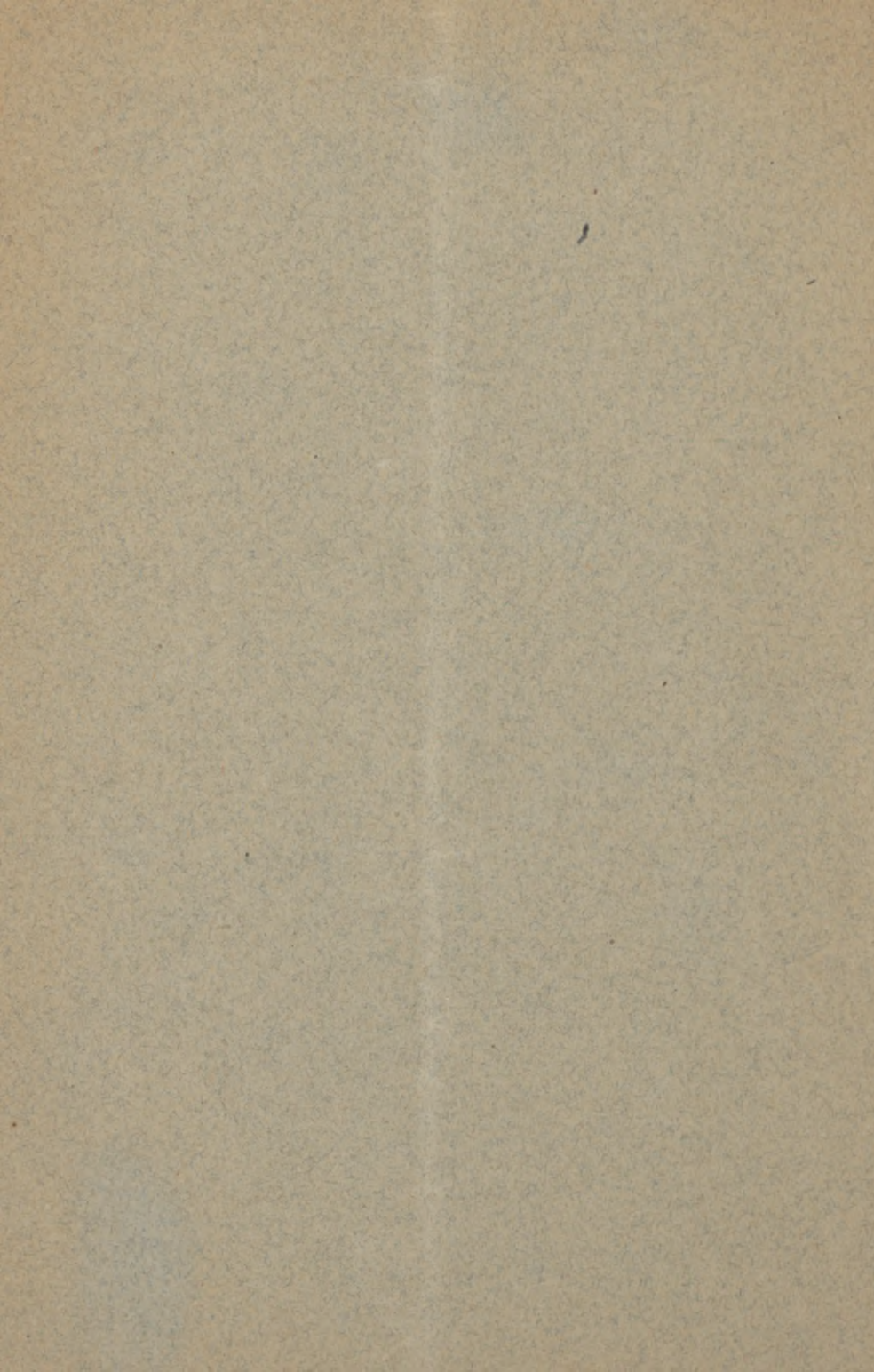


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NEW YORK.



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A REMARKABLE CASE OF DETACHMENT OF THE RETINA, WITH HEMORRHAGE INTO THE VITREOUS, SIMULATING INTRA-OCULAR TUMOR.

The patient, a maiden lady, aged 27, about June 1, 1876, became conscious of some trouble with her vision. She closed one eye and then the other, and so discovered that her right eye was almost blind. There were no premonitory symptoms, no accompanying pain, photopsiæ or chromopsiæ. What little remained of sight gradually disappeared, and when I first saw the lady on the 11th of the following August, there remained no perception of light. There was not then, nor had there been, any redness or other external symptom. Examined with the ophthalmoscope, the pupil dilated by atropine, the reflex was totally black, except a small reddish area at the lower border of the lens and extending up behind it to the extent of about a millimetre. Oblique illumination showed the same appearances. The tension was about normal.

The eye was kept under observation until January 24, 1877, a period of a little over five months, during which no change occurred, except that the reddish area gradually crept up behind the lens until it covered the lower half of its posterior surface, and gradually increasing pressure in the vitreous chamber so caused the lens and iris to advance, that the anterior chamber became very shallow. The patient was seen in consultation by Drs. Roosa, Pomeroy, Agnew, and others, but none of us were able to make a positive diagnosis; all agreeing that we had to do with either a case of intra-ocular *hemorrhage*, with detachment of the retina, or a case of intra-ocular *tumor*, with detachment of the

retina, and all agreeing that it would be the part of prudence to enucleate the eye. This was accordingly done, and the eye placed in Müller's fluid.

Dr. E. A. Maxwell, who, at the proper time, examined it macroscopically and microscopically, has made the following report :

Macroscopic Examination.

External appearances normal. Section made in horizontal meridian. Measurements in antero-posterior and transverse diameters, each seven-eighths of an inch. Retina completely detached. Crystalline lens pushed forward, almost obliterating anterior chamber, the remains of which are only about one line in diameter. The vitreous chamber is occupied by a conical blood clot, extending from the posterior surface of the lens to the back part of the eye. At the equator the clot measures five-eighths of an inch, leaving one-eighth of an inch space on either side for altered vitreous. The clot is covered on its outer surface by the detached retina. It is apparently composed of two portions, the older coagulum, partially decolorized and stratified, occupying the outer and posterior portions of the clot, while the central and anterior portions are dark and soft. The appearances of the stratification of the clot, and the more recent hemorrhage, point to the vicinity of the ciliary region as the seat of hemorrhage.

Microscopic Examination.

Sclera, optic nerve, cornea and lens show nothing of note. The *choroid*, excepting the lacerations of its internal layers, and its hyperæmic blood-vessels, appears comparatively normal. The *retina* may be said to be almost completely disorganized. Its ultimate structure is scarcely recognizable. It is thickly infiltrated with myriads of small round lymphoid or inflammatory cells, a few wandering or pigmented cells from the choroid, and contains numerous small hemorrhages. Its external surface has portions of the internal layer of the choroid adherent to it, and to its inner surface the blood clot is adherent. This condition is general, but

most marked anterior to the equator. The remains of the vitreous contains disseminated blood corpuscles. The *ciliary* body shows markedly hyperæmic blood-vessels, occasional small hemorrhages, and numerous inflammatory cells in the interstitial tissue. The iris, except its ciliary border, seems normal.

