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Report of Committee on
Ophthalmology and Otolology.





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REPORT OF COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY.

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(Read before the Medical Society of the State of California, April 21, 1891.)

While the past year has not been marked by any striking discoveries in the fields of ophthalmology and otology, that can be ranked with the introduction of cocaine for instance, steady and earnest work has brought about improvement in individual methods and a general advance toward the solution of many undetermined problems.

The movement of return to the old-fashioned flap operation without iridectomy in the extraction of cataract has become more pronounced and general, and to my mind the greatest modern improvement in method has been in relation to the after treatment. Those who, like myself, have adopted Chisolm's plan of discarding the dark room and bandage, will not readily return to them. I will not weary you with a tabulated statement of cases, but simply report that I have found entire satisfaction with the extrusion of the cataract through the normal pupil after an upward incision in the upper third of the cornea, followed by closure of the lids by a wide strip of isinglass plaster. When only one eye is operated upon I leave the sound eye untrammelled, directing the patient to keep it closed quietly when he has no real need of using it until the plaster is removed from the operated eye.



In only three cases during the past year have I had any prolapse of iris disturbing the healing, and in none of these has the eye been lost. I allow the patient to sit up and to move about his room moderately, and allow light enough to enable the attendants to read easily at all times. The comfort of the patient is in this way immeasurably enhanced, and I have seen no case in which the result has not been at least as good as could have been obtained by the old method.

The appearance and rapid growth of intraocular tumors during the progress of other disease may well be brought to the notice of the general practitioner, as he has charge of the cases before the specialist is consulted. I remember five such cases, but will introduce to you only one of them. An elderly gentleman while suffering from typhoid fever had severe pain in his left eye with partial loss of vision. At the suggestion of the attending physician, an oculist, one of the most accurate observers in San Francisco, was called in to examine the eye, and after very thorough investigation he declared that no serious lesion existed; and as the patient was very feeble the condition of the eye did not receive much more attention for a time. Some six weeks later the patient being somewhat stronger and feeling troubled about the loss of vision, I was asked to see him.

Since the visit of my colleague the pupil of the affected eye had become entirely occluded by inflammatory exudation from the iris, vision was entirely lost, the tension of the eye somewhat increased and there was intermittent pain, with the tortuous enlarged scleral veins which are seen in glaucoma. Careful observation of the case for a few days brought me to the conclusion that the changes which had taken place were to be charged to intraocular tumor rather than to simple inflammatory glaucoma, and I strongly advised immediate enucleation of the diseased globe. Permission being reluctantly granted, I removed the eyeball and submitted it to Prof. D. W. Montgomery for examination.

He found a sarcoma of the choroid at the equator of the globe, completely localized, no trace of it being discovered by careful search in the other tissues, and was able to assure the patient that in all probability the early removal of the diseased eye had saved him from the horrors of death from orbital cancer.

In otology, I would call your attention to the remarkable number of cases of otitis media which have accompanied and followed the epidemics of *la grippe*. Many cases have begun during the

attack of grippe, but I think I have seen a still larger number which have commenced after the other symptoms had disappeared or subsided. Many of the cases have been light, and of short duration, but a considerable proportion have been of serious import. They do not differ from ordinary catarrhal inflammations of the middle ear except perhaps in a more than usually sudden onslaught and greater persistence.

The cases to which I have been called early in the attack have generally been cut short by a free paracentesis of the membrana tympani followed by catheterization through the Eustachian tube, inflation by the method of Politzer, suction through the Siegel speculum, and the free use of peroxide of hydrogen.

I have found in almost all cases that antikamnia in doses of five to ten grains gave the most satisfactory relief from pain, and I no longer give morphia or opium for this purpose.

In many cases suppuration continues for a time, and polypi or granulations appear outside the membrana tympani or exist behind it unseen through the small perforation in the membrane. I remove those which are visible by the suave or sharp spoon, cleanse the ear thoroughly by repeated washings with hydrogen peroxide, then instill a 20 per cent solution of cocaine followed by a few drops of alcohol.

Introducing then the Siegel speculum by alternate suction and inflation the alcohol is forced through the perforation into the middle ear and often into the Eustachian tube. When there is profuse suppuration I have found great benefit in the use of the new agent, styrone, a combination of styrax and balsam Peru.

When I first saw a notice of the use of styrone in an Eastern journal there was none in our market, but at my request Prof. Lengfeld made for me an aqueous solution of the two substances named, which I used with much satisfaction until the formally prepared styrone could be obtained, and in comparing results I find no marked advantage in the use of the latter except in the greater durability of its solution.

In one case some deep pain, not very severe, not long continued, always followed instillation into the meatus, in all other cases it was painless.

In two cases of ophthalmia neonatorum immediate and marked diminution of the purulent discharge from the eyelids followed the use of Lengfeld's aqueous preparation, and it caused no pain in either case.

In one case of inflammation of the middle ear following *la grippe*, mastoid abscess followed and compelled operation.

Perforation of the drum membrane had occurred, and suppuration was abundant before I saw the case, and although at first it seemed that the usual treatment would be effectual, the case proved obstinate, and after many fluctuations in condition symptoms of intracranial pressure appeared, together with tumefaction over the mastoid and in the tissues of the neck. I operated at St. Mary's Hospital, evacuating through the preliminary incision a large amount of pus from among the muscles of the neck, then opening the mastoid by chisel and mallet and releasing a considerable quantity from its cavity.

After breaking up the walls of the mastoid cells by Volkmann's spoon a stream of water was forced through the meatus from the wound. All antiseptic measures were carefully observed. From the day of the operation the previously profuse purulent discharge from the ear entirely ceased, a steady and painless convalescence followed, and in six weeks the patient returned to his duty as a police sergeant able to hear the ticking of my watch a half inch from his ear without contact.

