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**J. JAMESON EVANS**

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THE

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# MEDICAL REVIEW:

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OF

THE MEDICAL SCIENCES.

EDITED BY

J. JAMESON EVANS, M.D., F.R.C.S.,

AND

BECKWITH WHITEHOUSE, M.S., F.R.C.S.

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## LATE INFECTION AFTER SCLEROSTOMY.\*

By T. HARRISON BUTLER, M.D., Oxon., *Assistant Surgeon to the Birmingham and Midland Eye Hospital; Honorary Ophthalmic Surgeon to the Coventry and Warwickshire Hospital, and to the Warneford, Leamington, and South Warwickshire General Hospital.*

It has long been felt that, great as is the service rendered by iridectomy in cases of glaucoma, both acute and chronic, yet the problem is far from having been completely solved. In acute cases iridectomy, which was introduced by Von Graefe, is on the whole a very satisfactory operation, which gives favourable results in about 80 per cent. of the patients. The same cannot be said of its action in chronic glaucoma. In some cases its effect is transient; in others the intervention entirely fails to relieve the symptoms, and may even exacerbate the disease. In consequence ophthalmologists have striven to discover a better mode of treatment. It was noted that those cases of iridectomy, in which the iris had become entangled in the wound, and a fistulous scar had developed, were often very successful, but such a condition often caused chronic irritation, and occasionally the eye was lost from an infective process, chronic or acute. On this account the deliberate attempt to leave a tag of iris in the wound never met with any general approval. Still it was felt that a fistulous scar was a desirable result if only it could be attained safely. During the past decade several opera-

\*Read to the Midland Ophthalmological Society at the Shrewsbury meeting, June 18th, 1915 (modified and amplified for publication).

tions have been devised, which aim at leaving a permanent communication between the interior of the eye and the subconjunctival space. Chief among these we have Lagrange's sclerectomy, Elliot's trephine operation, Herbert's wedge isolation method, and Holth's punch operation. All these operations are performed by members of this society, some choosing one, some another, as best suited to his technique. All aim at producing a permanent drainage of the anterior chamber by means of a filtering scar, and probably all are equally successful. At the present time sclerectomy or sclerotomy is being performed by most ophthalmic surgeons all over the world, and many of them are enthusiastic in praise of the peculiar method they favour. There are, however, many disadvantages in sclerostomy. In quite a number of cases the aperture made in the sclera heals up solidly, and no filtration takes place. In others a large ectatic scar develops, which is unsightly and dangerous. In a third group of cases, in spite of an apparently satisfactory filtering scar, the tension remains high. The operation is in fact far from ideal. Better results are obtained by most surgeons if an iridectomy, complete or local, be added to the sclerostomy. These objections are not vital, and can, to a large extent, be avoided by better technique. There is unfortunately one complication which is inherent, and, as far as I can see, cannot be guarded against. Late infection of the eye is a tragedy which in my opinion will ultimately restrict the operation to cases in which iridectomy has failed or obviously will not succeed.

This dire calamity did not receive much attention at first, but during the past two years cases have been recorded with increasing frequency, and many surgeons have grown anxious regarding the future of some of their patients. At the Ophthalmological Congress at Oxford last July there was a discussion upon the subject, and several of the surgeons present, both English and American, recounted instances of late infection which had occurred in their practice.

Up to this year I had personally only experienced one case, and looked upon late infection as a misfortune which must