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GLAUCOMA.*

BY V. H. MOORE, M.D., BROCKVILLE, ONT.

I desire to call your attention for a few moments to glaucoma, one of the most important and dangerous diseases of the eye. This disease very frequently comes under the observation and care of the general practitioner, and it is therefore as necessary for him to be able to diagnose a case of glaucoma as one of peritonitis or pneumonia. The diseases of the eye have been sadly neglected by the profession in Ontario. The teaching bodies place this subject upon the optional list, while the Medical Council do even a greater injustice, in that they ignore it entirely. Why a knowledge of the diseases of the uterus and its appendages should be held by these bodies to be a requisite (while one-half of the population have no such organs nor appendages), and diseases of the eye ignored, is a puzzle to me. I hold that a knowledge of the diseases of the eye is as important to the general practitioner as that of any other organ in the body, and therefore it should be given its proper place in the curriculum of medical studies. Is it not strange that for so many years we have neglected the eye and its ailments, and thus allowed so many of our fellow creatures to be clothed in darkness, shut out from the beauties of nature, the charm of color, the achievements of art, the joy of smile, and the faces of those they love? I might dilate upon this, but time will not permit on this occasion. Suffice it to say, that of all the special senses vision is the most dear, and therefore any knowledge that will restore or prolong it should be known by every medical practitioner. It is in consequence of this conviction that I have brought this subject before you to-day.

*Read before the Ontario Med. Association, June, 1889.

I have no hope of adding anything to the knowledge of the specialists, as few new facts of importance have been discovered of late, but I wish to emphasize some of the old truths, and show that this disease may be diagnosed, without a practical knowledge of the ophthalmoscope, with a degree of certainty calculated to do a vast amount of good and save scores of eyes. The general practitioner may by a little attention to the prominent symptoms be able to make an early diagnosis (the only one of value), and if he does not wish to operate himself, the case being a severe one, he will submit it at once to an oculist, before it is too late.

This disease is usually met with late in life. It is rarely seen before the thirtieth year and generally met with after the fiftieth. A large proportion of the eyes affected are hypermetropic. It is no respecter of persons nor constitutions; the rich and the poor, the strong and the weak are alike attacked. It makes itself manifest in various ways. We have it coming on so insidiously that the patient's attention may not be called to it until the vision is greatly impaired or irrecoverably lost. In this form there is no pain, no external evidence of inflammation, the eye appears healthy, the media is clear, cornea and iris normal, and the anterior chamber of proper depth. The pupil may be somewhat sluggish and slightly dilated, tension is increased and cupping of the disc will be found upon ophthalmoscopic examination. This would be called simple glaucoma by Donders, Mittendorf, Noyes, Fox and Bull, and chronic simple glaucoma by Juler and Swanzy. Such cases are the ones most likely to be overlooked by the general practitioner. But if he has educated his fingers to the tension of the normal eye, he will discover the increased intra-ocular tension (always a cause for alarm), and then look for a diminution of the field of vision, especially on the nasal side, rapidly increasing hypermetropia, anæsthesia of the cornea, gradual failure of central vision, sluggish and dilated pupil, and shallowness of the anterior chamber. Upon ophthalmoscopic examination decided cupping of the disc will be found, veins enlarged, arteries pulsating, especially upon slight pressure of the eye.

Again, we may have it coming on as acute inflammatory glaucoma, with or without a premonitory stage.