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EXCISION OF THE EYEBALL AND SOME ALTERNATIVE OPERATIONS.

BY

FRANK BULLER, M.D.,

Professor of Ophthalmology and Otology, McGill University; Ophthalmologist to the Royal Victoria Hospital.

The operation of enucleation of the eyeball versus other methods of achieving the same object, is still exciting a good deal of attention amongst ophthalmologists the world over. The report of the Committee on Excision, etc., appointed by the Ophthalmological Society of the United Kingdom, and published in the Transactions of that society in 1898, has, it would seem, by no means settled the questions at issue, and the subject will come up for special discussion at the International Medical Congress to be held in Paris next July.

That the operation of enucleation or simple excision is not unobjectionable, there can be no doubt, else we should not see these persistent efforts to find something better. True enough, the removal of a hopelessly diseased or injured eyeball may confidently be relied on to bring immediate relief from pain and minimize the dangers of a threatened sympathetic ophthalmia, or of systemic infection in cases of intraocular sarcoma, etc.; but this operation is invariably followed by more than one undesirable consequence, such as the inevitable disfigurement which results from the more or less sunken appearance of the upper lid and the restricted mobility of the artificial eye subsequently inserted. Moreover, the hollow space between the glass shell and the depressed conjunctival sac retains secretions which in turn perpetuates a state of chronic conjunctival irritation, to the annoyance and discomfort of the patient. Erosions of the conjunctiva and subsequent cicatricial changes in many instances make the wearing of an artificial eye more and more unsatisfactory and perhaps impracticable.

All these disadvantages are in a great measure obviated by the Mules' operation of evisceration with the insertion of a hollow, glass globe in the scleral cavity, which, in contrast to excision, gives an infinitely better cosmetic result, both in regard to mobility and general appearance of the artificial eye, and in the healthy condition of the conjunctival sac, which now affords no free space for the accumulation of secretions. In a word, after a successful Mules' operation, the patient wearing a well fitting artificial eye is no longer abashed by a sense of disfigurement and is no longer annoyed by a chronic conjunctivitis.