

CANADA

MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Lectures on the Diseases of the Eye, recently delivered before the Ophthalmic Class of the Toronto School of Medicine. By A. M. ROSEBRUGH, M.D.*

(Continued from page 104.)

4. SECONDARY GLAUCOMA.

Many surgeons know "to their sorrow," that sometimes, after making a pretty free division of a cataractous lens (keratonyxis), the globe becomes very hard, the anterior chamber shallow, the cornea anæsthetic, and of a dirty sallow colour, and the pupil slightly dilated. The lens may become completely absorbed and the pupillary space faultless, and yet the sight almost, if not quite destroyed. The nature of this complication was not fully understood until Von Graefe made the double discovery that it is glaucomatous in its character and that iridectomy is the remedy.

The diseases that may be complicated with glaucomatous symptoms are traumatic cataract, iritis, posterior staphyloma and (according to Von Graefe) prominent corneal cicatrix.

TRAUMATIC CATARACT.—The capsule of the lens may be divided accidentally by a foreign body; or it may be divided by the cataract needle for the cure of cataract; in either case the aqueous humour comes in contact with the lens and causes it to swell from imbibition of the fluid. The amount of swelling varies considerably in different cases. If the lens is transparent, the swelling is much greater than when it is opaque (cataractous). A division of the capsule in the adult will often