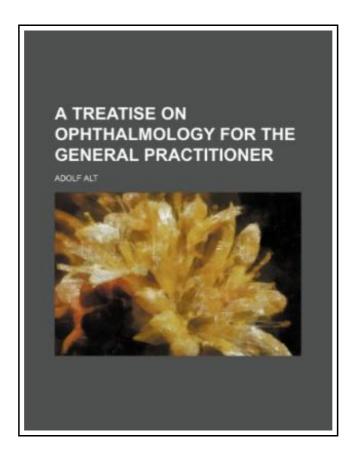
A Treatise on ophthalmology for the general practitioner



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Reviews

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(Claire Bartell)

A TREATISE ON OPHTHALMOLOGY FOR THE GENERAL PRACTITIONER



RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 74 pages. Dimensions: 9.7in. x 7.4in. x 0.1in.This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1884 Excerpt: . . . in purulent iritis. Iritis generally appears in one eye at a time, but very often the fellow eye is attacked while the disease is still active within the first eye. If iritis is not properly treated in time, it always leads to attachments between the iris and the anterior lens-capsule (posterior syneehice). These are easily detected by the instillation of atropia, under whose action the pupil will assume a very irregular shape, according to the number and extent of the synechiae. (See figure 41). When there is a circular attachment between the pupillary margin of the iris and the anterior lens-capsule, the pupil will remain absolutely unchanged (circular synechia). Vision is always impaired in iritis, although in a varying degree, dependent on the size of the pupil, and the quantity and quality of the inflammatory products in the anterior chamber, and on the anterior lens-capsule. Moreover, as the ciliary body and choroid are hardly ever free from inflammatory action in iritis, exudations from these into the vitreous body help also to impair vision. The latter exudations are frequently observed after the other symptoms of iritis have entirely disappeared. Some forms of iritis are very apt to recur, especially when it has been impossible to break all the synechiae. In plastic iritis, which is the most frequent form, the exudation from the iris is of a fibrinous nature. This is deposited first at the pupillary edge of the iris, then on its posterior surface, and sometimes also...



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