Ophthalmologists with eye disorders were many but they seldom came out in open or reported about their diseases to maintain privacy and to maintain his/her practice in the society. However, these ocular conditions prompted them to experiment with various medicines or surgeries to counter the ill effects of the diseases often leading to discoveries of newer modes of management. We review three such famous ophthalmologists whose eye disorders were reported and were subjected intense debate in the ophthalmology fraternity.

Key-words: Ophthalmologist, eye disease, glaucoma.

Ophthalmologists with eye disorders were many but they seldom came out in open or reported about their diseases. Most of the time an Ophthalmologist hid his/her systemic and ocular problem to maintain privacy and to maintain his/her practice in the society. However, these ocular conditions prompted them to experiment with various medicines or surgeries to counter the ill effects of the diseases often leading to discoveries of newer modes of management. Cataract, strabismus and refractive errors were common amongst ophthalmologists but were seldom reported. Glaucoma, often angle closure, was the most commonly reported eye disease amongst ophthalmologists as it forced an ophthalmologist to seek another's opinion, required a long term follow up and often surgical intervention was necessary. We review three such famous ophthalmologists whose eye disorders were reported and were subjected intense debate in the ophthalmology fraternity at that time.

One such was Alexander Pagenstecher (1828-1879), famous for introducing yellow mercury oxide ointment for managing external eye diseases, which bears his name. His papers were mainly concerned with sympathetic ophthalmia, the indications for enucleation, iridodesis, glaucoma and cataract. He was instrumental in introducing intracapsular cataract extraction as the primary treatment of cataract having personally performed more than 2000 cataract operations. In 1878, he had an acute glaucomatous attack in the right eye and was immediately operated on by his brother, Hermann, who performed a complete iridectomy. No visual deficit remained. The long term effect, however couldn't be ascertained as Pagenstecher died shortly thereafter from an unusual hunting accident.

Ludwig Laqueur (1837-1909) introduced physostigmine as a medical treatment for glaucoma. Since childhood he was red-green color blind, was photophobic and suffered from chronic recurrent conjunctivitis for which he used a 1.5% silver nitrate solution. At the age of 30, prodromal signs of an angle closure glaucomatous attack started. In his paper, he vividly described these attacks and stated that the attacks were triggered by emotions or when in the theatre and resulted in cloudy visions. He also noticed that with Physostigmine, a calabar bean extract, he was able to repeal the attack every time but recurrences were common and became very frequent. Hence, total iridectomy were performed in both the eyes by Horner. Although, the surgery prevented any further attack or progression of visual loss, the large surgical colobomas, which were visible to the naked eye made Laqueur photophobic and extremely self-conscious.

Louis-Emile Javal (1839-1907) is often called the Father of Orthoptics. His contribution to strabismus was immense. He was also instrumental in designing the Javal-Schiotz ophthalmometer. He was earlier an engineer but became interested in strabismus because his father and sister both had squint. Since childhood, he had a high degree of astigmatism, chronic conjunctivitis and heterochromia. In 1881, he noticed the first attack of an
acute glaucoma in his right eye. However, treatment started late and he became legally blind in right eye in 1886. The first prodromal signs in the left eye appeared 1885 and was not operated till 1900. But the surgeries couldn't arrest the disease progression and he became blind in left eye in 1901. Right eye was enucleated in 1901. Too frequent changing of ophthalmologists, non-compliance on part of Javal, delaying necessary operations and too many surgeries in a short span had been attributed to the loss of vision in the left eye. The blind Javal invented an armrest with a cogwheel device advancing the writing paper by 1 cm at the end of each line. This 'planchette scotographique' could be used by blind persons to write ordinary script.

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