Case 5.—A. B., 61, attorney, alcoholic and impecunious, came to me in 1905 with the complaint that for two years he had been inclined to miscalculate distances on going up or down stairs; and for a year and a half had noticed growing failure of the vision of the left eye. No pain or other symptoms. The eyes were large and prominent, the cornea 12 mm., anterior chambers rather deep, tension not noted, probably appeared normal. The right optic disc was slightly cupped in the temporal half, the left rather deeply in its whole extent, with undermined edges. V., R. 20/20, +0.50 cy. axis 90° = 20/15. The left eye could not count fingers. The right field for white was normal, the left field was limited to the temporal, outside fifteen degrees from the center.

Eight years later, in 1913, he returned for a change of lenses having had no treatment in the interval. Tension seemed slightly plus in both eyes. The left field was limited to a small paracentral area 30x20 degrees, the right form field still normal, color fields not taken. V., R. +0.75 =

+0.25 cy. axis 60° = 20/15. One year later a quarter diopter addition to the cylinder and a slight change of axis. Vision=20/20.

In 1916 B. concluded to settle down to business and have the remaining eye cared for. In May the right field contracted from 20 to 30 degrees, the horizontal diameter of the blind spot 31 cm. at 2 meters. Tension clearly plus but no complaint of pain, tonometer 30 and 80 mm. of Hg. After a few days’ use of a weak solution of eserin the tonometer registered 22 and 35 cm. Hg. In April, 1917, under the use of 1-12,000 solution of eserin, the pupils were slightly dilated and vision —20/30, tension plus and the field mostly inside of 40°, the defect on the 60th meridian reaching within five degrees of the center. The blind spot was 35x50 cm. at 2 meters. Under a 1-6,000 solution the eyes became softer, and in June the paracentral defect had disappeared and the field was concentrically about 35°. In August, 1918, corrected vision is = 20/20, fields and objective conditions much the same as one year ago.

NOTES, CASES, INSTRUMENTS

PARALYTIC STRABISMUS CURSED BY SIMPLE OPERATIVE PROCEDURE.

Dr. Jesse S. Wyler.
CINCINNATI, OHIO.

On February 10th, 1917, a baby of eleven months was brought to my office by the mother who was greatly perturbed by the prognosis of an eminent ophthalmologist regarding the sight of her child. This physician had informed her that the brain of the child had been damaged by a prenatal hemorrhage, that part of the face was palsied, and a great part of the sight of the remaining good eye had been destroyed.

The patient was a fat healthy baby, of grotesque appearance due to a convergent strabismus of the left eye of nearly 45°. This ocular deviation had existed since birth. The child made no effort to turn the left eye toward the temple and when the right eye was turned nasally the left never moved past the median line. Dilation of the pupils with atropin 1 per cent, showed that the ocular media were clear. The disc of the right eye was apparently normal surrounded by an area of choroidal atrophy. Above the disc was a coloboma of the choroid about the size of ten papillae. The left fundus seemed normal, with possibly a patch of pigment below the disc. As the ophthalmoscopic picture in eleven month babies is not very steady, a more careful study could not be made. The vision seemed good for each eye tested separately with small marbles.
A diagnosis of strabismus due to palsy of the left externus with contracture of the left internus was made. I first attempted to apply the simple measures of conservative treatment, instilling atropin in the good eye and also using a cover pad. These, as may be expected, proved worthless as the child was unable to rotate the left eye.

In October the mother began to insist that something radical be done. Never having performed a muscle operation on a baby so young, and altho feeling rather dubious about the results, I decided to tenotomize the internus of the squinting eye, expecting to either advance the paralyzed muscle at some future date or to perform a tendon slip transplantation. The mother was told not to expect a great change.

On October 21, 1917, under a general anesthetic a complete tenotomy of the internus was made. A double armed silk suture was then passed close to the temporal side of the limbus, taking a good grasp in the conjunctiva and upper scleral layers and brought thru the skin of the temple. Upon tying this supporting suture, the eye rotated to the outer angle. This supporting suture was allowed to remain "in situ" for three days. Upon its removal, the eye turned back to the median line, and since that time we have succeeded in exercising the lateral motion to the left by constantly attracting the patient's attention to that side. The eyes now are in perfect position with a fair action on the part of the externus, altho the patient still has a slight compensating twist of the head when looking toward the left. No secondary operation will be necessary and the latest photographs are those of a child with perfect orthophoria.

The marvelous end result in this unfavorable condition is my excuse for this report.

THE RELATION OF LUES TO OCULAR PATHOLOGY.

CAPT. JAMES M. BLACKWOOD, M. D.

Publication authorized from office of Surgeon General U. S. A.

Much has been written on the relation of lues to ocular manifestations. Massive evidence must yet be accumulated both to substantiate and disprove theories now in vogue. In presenting the following observations, the writer does not pretend to claim either the foreword or the last verse of the tragedy. Were these findings to be considered a small link in the mighty chain which will be woven as the experiences of others will be contributed, our work will not have been in vain. The vast wealth of clinical material at Camp Sevier stimulated the gathering of these facts. Eight hundred and thirty cases were observed, when presenting themselves at the eye dispensary, among which 36 were proven to be syphilitic. Of the 36 cases, 14 suffered with demonstrable ocular pathology. Of the different ocular mani-