CENTRAL SCOTOMA WITH PYORRHEA.

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Mrs. R. E., aged 40, feeble, occupation housewife. Referred January 21, 1921 to have glasses fitted. Has noticed a gradual failing of her sight the last three or four months, and lately she has had some pain in the eyes. Pupils probably slightly dilated (3.5 mm.); react to light and accommodation. Cornea, iris and anterior chamber normal. The lens also appears clear.

At the trial case, R. vision 1/10; L. 3/10. No lenses could be found to improve the vision in either eye.

The media were clear in both eyes. The fundi appeared normal with the exception that the outer upper quadrant of the papillæ seemed rather pale in color.

Peripheral fields normal. Small central scotoma for green and red. The size of the green test object was 2 mm., which in one position was called white. The moment the test object was moved to either side its color was recognized. The red test object in the same position was called brown.

Diagnosis: Toxic Amblyopia.

Further General Examination: I questioned her if she had been taking any medicine, patent or otherwise, and she said no. The same reply she gave to my question if she had been drinking any liquor. My quiz did not reveal any suggestion as to the cause. Examination of throat, nose and accessory nasal sinuses was negative, but she did have a very exaggerated pyorrhea alveolaris. Many of the teeth were practically standing in a pool of pus, surrounded with necrotic tissue. I could think of this only as a remotely possible cause of this patient's toxic amblyopia, and determined to hunt further. I commented upon the poor condition of her teeth and gums, but did not suggest to

the patient that this might be the cause.

Since the doctor who referred the patient to me thought that only glasses were necessary to bring back her sight, I sent her back to him for a general physical examination, stating to her that I found some condition of the optic nerve which glasses could not correct, and that we must try to determine its cause.

I called up her doctor and explained to him the situation and urged him to be on the lookout for anything that would lead to a diagnosis. The patient did not return to me until March 10th, when she called, she said, to thank me for my thoughtfulness in pointing out to her what was doing harm to her eyes. She told me that she realized that I was much impressed with the bad condition of her teeth, and she went right to her dentist and had them all removed. Her vision has been improving ever since.

At the trial case, she now reads 8/10 right and left without any faltering. The color of the papillæ is not so pale as it appeared previously. There is no central scotoma of any kind.

Discussion. Since no treatment except the dental extraction was administered, we can only suppose that this patient was overwhelmed with the toxin from the bacterial activity and necrotic processes around her teeth.

Hysteria, of course, might have simulated the condition, but she was hardly well enough informed to check up so thoroly with the symptoms of toxic amblyopia. Nor did she look like she was addicted to the use of liquor, and she had no odor of tobacco about her. It is possible, of course, that the patient may have been taking some brand of alcoholic mixture continuously, and from this produce the toxic amblyopia; but even so, complete cessation from its use would hardly bring about so quick a recovery.