BLOWS UPON THE EYEBALL IN THE REGION OF THE CILIARY PROCESSES: THEIR MEDICO-LEGAL ASPECT.

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The importance of some knowledge of the early symptoms and course of these cases before passing judgment is here pointed out. Especially is this true where disability has been caused by nerve shock or pain.

I have reference to blows upon the eyeball, hitting and affecting a very limited area of the sclera in the region, to the inner surface of which are attached the ciliary processes.

I shall give several cases which will exemplify what I mean.

The first case was that of a young man, who while pigeon-shooting was struck on the eye by a glancing pigeon-shot. This one shot was deeply imbedded in the sclera. It was lying in situ, but when removed, which was easily done, it had so penetrated the sclera, that the dark coloured ciliary processes could be seen at the bottom of the deep depression.

The symptoms, which caused me to be summoned twelve hours after the accident, were a semiunconscious condition, wandering of mind, decided dread of light. The next day after the removal of the shot, I examined the eye and found the media quite clear, and no signs of the blow in the interior of the eye. The vision was normal. In two months' time his eyes could be freely used, a marked contrast to the other cases to be given.

The next case that I shall mention is a typical one of the kind that I wish to draw your attention to, and which has Medico-Legal bearings of interest.

My patient was an influential official of a large bank. He was walking along the street at night, when a man coming up at his side, struck him a severe blow upon his eye. The object was robbery. The next morning he came to consult me. Externally there was swelling and discoloration of the eyelids. The vision was normal, and the media quite clear. No external mark on the eyeball of any kind was to be seen, but at one spot of the ciliary region extreme tenderness upon the slightest pressure

with no external evidence to show its position. He was in a thoroly dazed condition. This tender spot caused him continuous pain. I sent him home, and had ice applied locally, and atropin solution dropped into the eye thrice daily; and also complete rest in a darkened room, as the photophobia was severe; sodium bromid internally.

The shock to the nervous system was so great, that I kept him in bed for three weeks. At the end of that time the tender spot was still constantly felt and any direct pressure caused marked pain, tho elsewhere upon the eyeball a normal sensation only. At the end of one month, I stopped the atropin drops, as there was no sign of any disturbance of the eye whatsoever either externally or internally, and the vision was normal.

However, after the effects of the drops had gone any attempt at reading caused decided pain and had to be given up. This was evidently due to the bruised condition of the ciliary processes and the corresponding sclera, showing how sensitive the injured spot still was.

I kept him in partial disability for three months after this date, on that account. At the end of this time, if he used the eyes freely, he felt this eye quite uneasy, which, however, gradually became less and less.

Now the following procedure brings out the medico-legal aspect of these cases quite plainly. As the agent of the accident insurance company wished the partial disability stopped before the time I named, he, of his own accord, sent my patient to another specialist. This oculist upon examination, finding the eye quite quiet, media clear, vision normal, and absolutely no sign of any injury, either without, or within

the eyeball, decided that the patient could resume his full duties. He told him so, saying that there was no sign of any trouble, and that he could see well. My patient replied, at the very first there was no injection or any sign of disturbance of the eye itself, tho the suffering was at times severe. The vision, he also told him, had remained unaffected thruout.

The agent reported to me, and so did my patient. I at once answered the agent, that my patient would remain under partial disability as I did not agree with the opinion of the oculist. Thus you see, the oculist felt that he saw no reason, even after a careful examination why he should not give the eyes full work, as the eye seemed normal in every way. But, so it was at the first, and the only local signs of the blow, were the darkened and swollen lids.

This is a very interesting case, and my patient's position puts him above any suspicion.

About this time—that is three years ago—I had two other similar cases, in which the symptoms and appearances were exactly the same. In these also several months had to elapse before even ordinary use of the eyes could be born.

To the oculist who first sees the case the course that it follows is recognized

and understood. However, the mistake made by the oculist who saw it two months later, was to the first oculist very natural—if the second were guided by appearances only. This error of his, resulting from being guided by appearances solely, can be avoided by a careful examination of the history of the accident and the knowledge how these cases act, derived from practical experience.

In patients who have an object in remaining idle, the time for resumption of full duty can be deduced from the condition present at the time the injury was received, and from decisions derived from the experience of others.

Therefore the opinion of an oculist consulted for the first time, at the end of—say two months—as to whether the eyes can be freely used is of little or no value, if the decision be based only upon the condition noticed by the second oculist, as previously mentioned.

Here lies the medico-legal point, which should be fully realized. The second oculist should not only say what he sees on examination, i. e. that the eye is apparently normal: but also in order to diagnose correctly, should always have full knowledge of the history and of the peculiarities attendant upon these cases. Moreover, if these latter be omitted, then the opinion regarding the fitness of the eye to be used freely, is rendered almost valueless.

REPORT OF CASE OF RETINAL GLIOMA TREATED WITH RADIUM

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This paper reviews the unfavorable prognosis for bilateral glioma as set forth in the literature, and the earlier accounts of the use of radium for it. It emphasizes the importance of reporting every case so treated with the dosage as determined by the amount, time, and screening of the radium used. It then reports a case showing the dosage used and the reaction observed, the progress of the case being thus far favorable. Read before the Sioux Valley Eye and Ear Academy, July 14, 1920.

The purpose of reporting this case to this meeting is not to bring before it any remarkable result, but rather because I have been deeply interested in the subject and because I am very desirous of learning the experience of men older in ophthalmology than myself, and on my return, of giving the

patient, who is still under treatment, the result of such knowledge.

When the patient, whose case history I will read later, was brought into my office, I was confronted with this problem. A bright, apparently perfectly normal, male child of one year with good central vision, right, no