

## BLEPHAROSPASM SECONDARY TO PYORRHEA ALVEOLARIS.

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H. G., a farmer of 52 years, bachelor, had enjoyed excellent health with the exception of so-called "rheumatic attacks." The eye disturbance began some weeks before the patient came to Pueblo. He apparently first noticed a conjunctival irritation. After a few days, the lids closed tightly in a tonic cramp, involving the whole of the orbicularis palpebrarum. The lids could be opened with difficulty under cocaine anesthesia. The conjunctiva was inflamed, the cornea clear, the iris normal in color and the pupil greatly contracted. It was impossible at this time to examine the fundus of either eye with or without the pupils dilated.

A general examination of the patient was negative, so also was the urine. Dr. Maynard reported the Wassermann negative.

After four weeks of varied eliminative treatment with iodides, inunctions and profuse sweating, the latter given because of an admitted luetic possibility in younger years, the patient's suffering became more intense. The lids remained so tightly closed that there developed constant pain and some edema apparently caused by the fixed and intense muscular contraction.

The only visible possibility of an etiologic factor was the chronically inflamed and pus laden gums. A rather severe pyorrhea with loose teeth, suggested to me early the chance of a focal infection, but the patient refused to have the teeth extracted until the other treatment failed. Eventually, after four weeks of suffering, he agreed to see a dentist who removed all the teeth. The next day the patient was able to open his eyes and on the fourth day, he returned home with apparently normal ocular condition.

The fundi were "fluffy," but showed no discernible lesion and the conjunctival inflammation immediately cleared.

It appeared to me as a rare and interesting case, because of the long con-

tinued cramp of the orbicularis muscle secondary to a toxic inflammation of all the coats of the eye, due to a focal infection. The almost absolute proof of its focal origin would seem to be in the immediate cure after the removal of the teeth.

## HYSTERIC AMBLYOPIA.

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Case 1.—Girl age 11 of rather a nervous disposition. Very ambitious at school where she had repeatedly led her class. No history of recent illness whatever, in fact, according to the mother, has always enjoyed exceptional health. For a week preceding her visit she had been studying closely for an examination, and had expressed a fear that she would be passed by another pupil.

She was successful in maintaining her class standing, but noticed the day before she came under my observation, that she was blind in the right eye.

At the first examination the admitted vision in the right eye was 20/80ths, but varied from time to time. Pupil slightly dilated, and contracted but slightly to light, both direct and consensual. Almost no accommodation reaction.

Field of vision could be taken only imperfectly, but showed concentric contraction for white. Colors too indefinite to warrant any conclusion.

Placed before the test type with a plane glass before the eyes (both remaining open) vision was 20/20ths. Suddenly removing the plane glass from before the left (good eye) and substituting a 10D. lens the vision in the right (or "blind") eye was 20/20ths.

Retinoscope showed under mydriatic .75D. of hyperopia in each eye. Examination repeated with this correction gave same result. Fundus normal. Diagnosis: Hysterical amblyopia following mental strain.

Case 2.—Boy age 12. The day pre-