

July 27, 1920. At office. Vision 5/15.

August 13, 1920. Field showed slight enlargement. Vision 5/15 with + 1.25 + .50 x 180 = 5/10 less 2 letters. Tension O. D. 44. O. S. 22. Using myotics in right.

August 28, 1920. Tension O. D. 40. O. S. 24. Vision 5/15 with + 1.25 + .50 x 180 = 5/10 ordered.

October 11, 1920. Vision same. Field practically same as August 13. Tension O. D. 44. O. S. 22. Using pilocarpin in right.

The question arose as to the choice of operation in this particular case, trephine, iridectomy or iridotaxis. Here was a man possessing only one seeing eye, in which the field of vision was markedly contracted. Having seen two late infections following trephine, and noted contraction of the visual field and occasional severe hemorrhage following iridectomy, I decided upon iridotaxis, because of its simplicity, and ease and dispatch with which the operation can be performed; assets when the patient has but one seeing eye. The adrenalin controls hemorrhage from the conjunctiva, and the atropin dilates the pupil so that the sphincter of the iris does not pull the incarcerated portion away from the scleral wound.

ENUCLEATION; FAT IMPLANTATION.

WILLIAM W. LEWIS, M. D.

ST. PAUL, MINN.

J. S., aged 16, was first seen at the City and County Hospital, in the service of the writer, March 1st, 1921. A working girl. Previous history negative, except "sore eyes" in infancy, leaving a blind deformed eye, an unsightly protruding eye, scarcely covered by eyelids. General appearance, undersized, undernourished girl.

The right eye was apparently normal as to exterior, except nystagmus. Face asymmetric, oscillating nystagmus. In the left eye protruding staphyloma of the cornea. The left lids scarcely covers a misshapen globe. Anterior cham-

ber obliterated, iris adherent to cornea at centrally located scar. No pupil opening visible. Tension about normal. Fixation (cover test) oscillation. Movements unrestricted. Vision R. 1/10; L. light and shadows.

Ophthalmoscope: Right media clear; optic nerve head, deep inferior conus. Macula and periphery normal.

Treatment: March 3rd. Brow and lashes clipped. General anesthesia. Irrigation of conjunctival sac with boric solution. Conjunctiva snipped at the limbus, continued around the cornea; each of the four recti successively hooked and divided close to insertion in the sclera and the ends held with clamps. Optic nerve cut 1 cm. behind the globe. Obliques and remaining shreds freed. Globe removed. Hot normal salt pack applied while belly wall was opened. Belly wall, median line, opened and a small piece of fat dissected out. Opening in belly wall closed by encircling sutures to obliterate space. Piece of fat immersed in 95% alcohol and inserted into Tenon's capsule which was closed with a puckering string of catgut. Ends of oblique muscles sutured across stump. The conjunctival sac was closed with 40-day catgut. Pad dry dressing and bandage.

Mar. 4. Ice bag ordered to be applied continuously to hold down reaction which was considerable. Lids much swollen, some pain.

March 4. Tremendous reaction, discoloration; ice bag.

March 6. Lids almost black, tremendous reaction. Hot applications.

March 7. Lids look almost as if they would slough.

March 8. Reaction subsiding, considerable mucous secretion.

March 9 to 12. Reaction subsiding gradually.

March 12 to 18. Lids discolored but swelling of lids almost gone. Considerable secretion.

March 20. Considerable secretion, purulent.

April 1. Comes to the office. Styes on the lower lid. Stump looks good.

April 19. Glass shell given, fits fairly well.

April 15. Appearance is very good.

April 20. Getting along nicely. Stump is still edematous but conjunctival tissue covering is smooth and solid (firm). Motion is very satisfactory at this date. When shrinkage has progressed, a larger shell can be worn and more motion obtained.

REFRACTIVE ERROR WITH FOLLICULOSIS SIMULATING TRACHOMA.

T. E. OERTEL, M. D.

AUGUSTA, GEORGIA.

February 12, 1921, T. A., male aged 20. Student at college. Family history negative. He had diseases of childhood and two years ago had tonsils and adenoids removed.

He has been obliged recently to study until one and two o'clock at night in order to prepare for examinations. He has experienced much trouble with his eyes, blurred vision, photophobia and pain in the globes. He had no headaches. For the past three weeks the lids have been stuck together each morning. He has never worn glasses and thinks his vision perfect.

A well nourished youth of blond type and ruddy complexion. Mentality above the average. There is a puffy look about the eyes and redness of the lid margins. The pupils are large, reaction to light and accommodation prompt.

The conjunctivae are deeply congested and studded with rows of succulent looking elevations of about one millimeter in diameter. These follicles are quite universal over both the lower and upper lids, the superior fornix and the plica semilunaris extending even beyond this fold onto the bulbar conjunctiva. The condition is bilateral. The conjunctival blood vessels are not easily made out on account of the swollen condition of the membrane. There is a small amount of mucoid secretion in each eye. No scar tissue

can be demonstrated, nor are any of the follicles ulcerated.

The corneae clear. The media and fundi negative.

Vision: R. 20/65 with $-0.75 \text{ C} -2.50$ cyl ax. $90^\circ = 20/20$. L. 20/70 with $-0.75 \text{ C} -2.50$ cyl. ax. $90^\circ = 20/20$. Near add 0.50.

A prescription of homatropin hydrobromat was given him with directions to instill a drop in each eye every half hour for four hours and return at the expiration of this time for further examination.

Feb. 13. Under the cycloplegic skiascopy yielded the following result: O. D. cyl -3 ax. 90° . O. S. cyl -3 ax. 80° . With this correction his vision was 20/20 in each eye. Orthophoria.

Feb. 14. He has recovered from cycloplegic. Vision, O. D. with cyl -3 ax. $90^\circ = 20/13$. O. S. cyl -3 ax. $80^\circ = 20/13$. This prescribed in spectacle frame for constant wear.

Diagnosis: 1. Astigmatism—myopic, against the rule. 2. Follicular conjunctivitis, severe, result of eye strain. He was given an alum stick and instructed to apply it to the lids twice a day.

Feb. 17. Eyes quite comfortable, he is delighted with his glasses and improved vision. The congestion of the lids and folliculosis improved. Instructed to report in a month.

March 21. Folliculosis almost gone. Still a few granules on the lower conjunctivae. He has been able to do his college work with comparative comfort.

The case is of especial interest on account of the resemblance of the conjunctival condition to trachoma, which the sequel shows it was not.

MALIGNANT GROWTH OF LEFT EYEBALL PROBABLY SARCOMA OF CORNEA.

T. E. PEERY, M. D.

BLUEFIELD, W. VA.

M. F. F., age $2\frac{1}{2}$, female, white, came to my office July 17, 1920.

Diagnosis. Malignant growth of left eyeball, probably sarcoma of cornea.