COLORADO OPHTHALMOLOGICAL SOCIETY.

October 23, 1920.

DR. J. A. PATTERSON, presiding.

Cryptophthalmos.

A. C. MAGRUDER, Colorado Springs, presented two cases of cryptophthalmos, in a boy aged eight years and his sister aged eleven years. The mother suffered from the same condition. In each case the eyelids were externally of normal appearance, except that there were supernumerary eyebrows across the upper lids. No movement of the eyeballs could be demonstrated. The boy could locate the position of a light held before either eye, the girl only before the left eye. There was no separation of the eyelids from the eyeballs.

DISCUSSION. E. M. Marbourg had attempted operation on the mother some years previously and had found dense adhesion of the eyelid to opaque corneal tissue.

W. H. Crisp, Denver, referred to the fact that the tissues of the eyeball proper, including the vitreous, were not unlikely to show other congenital defects beside those present in the tissues of the lids and cornea.

Melville Black, Denver, thought that there was nothing to be lost by dissecting down and attempting to find whether any space existed between the eyelid and eyeball.

Refractive Peculiarity in Lens.

A. C. MAGRUDER, Colorado Springs, presented a young man whose right eye showed a peculiar refractive condition in the crystalline lens, seen on ophthalmoscopic examination as a darker area in the lower part of the pupil, or sometimes in other directions, varying with the position of the examiner. Along the upper edge of this dark area ran a red line which looked like a bloodvessel, but which was produced by condensation of the transmitted color of the background of the eye. The vision of either eye was 20/40 without glasses, and 20/20 with glasses. R. -1.50 cylinder on $+0.25$ sphere, L. -1.00 cylinder on $+0.25$ sphere.

DISCUSSION. Melville Black, Denver, thought that the disturbance was really in the cornea, and represented a beginning keratoconus. He would advise close observation of the patient every six months. If at the expiration of eighteen months there had been no change in the refraction, the case could be dismissed, while if there was a progressive refractive error the endocrin condition should be gone into carefully.

J. M. Shields stated that if the light was thrown on the right eye from the left side there was a round haze well forward but central, about as would be seen in beginning cataract.

W. H. Crisp, Denver, felt that the disturbance was not in the cornea but definitely in the lens, since the corneal reflection of a Placido disk was undisturbed in different parts of the cornea. He suggested that the lens condition might consist of a sort of globule or lens within a lens, of different refractive conditions from the remainder of the crystalline lens. The regularity of the cornea was further evidenced by the very normal improvement of vision produced with the cylindrical correction.

Ocular Injury Followed by Glaucoma.

A. C. MAGRUDER, Colorado Springs, presented a man aged twenty-three years whose left eye had on March 29, 1920, received a lacerated wound of the cornea from the head of a rivet. The iris was caught in the wound. A secondary intraocular hemorrhage occurred on April 4, and in spite of the repeated use of eserine the eye went on to an advanced state of glaucoma. The vision fell from 30/40 with correction on May 27 to fingers at one foot on October 3. (Iridectomy was later done on account of a severe exacerbation, and was followed by relief from pain.)

DISCUSSION. Melville Black, Denver. The patient has a foul mouth, with a number of suspicious teeth. He probably has a focal infection uveitis. At the present time an iridectomy is indicated and the mouth should be looked after. As soon as iridectomy has been performed I would put him on atropin.

W. C. Bane, Denver, referred to a case in which he had done double bilateral iridectomy for glaucoma a year ago. The patient had retained what vision she had, but continued to have pain in the eyes as well as headache. Within the last two weeks a left upper molar tooth had been found to have two roots exostosed, and the symptoms disappeared after removal of that tooth. The tonsils had also been removed since that time.

W. H. Crisp, Denver, suggested that we should think of the teeth in traumatic cases that did not clear up promptly. He referred to a case of cataract in which the discharging stump of an eye lost after previous operation had quieted down, and the second eye had done well after extraction, following removal of a number of badly diseased teeth and roots; and also to a case of blasting injury seen with Dr. Libby in which persistent irritation quieted down after attention to some diseased teeth.

H. M. Thompson, Pueblo, referred to two cases which he had seen in which failure of traumatic disturbance to clear up was due to bad teeth.

Pigmented Mole or Melanosarcoma.

E. M. MARBOURG, Colorado Springs, presented a girl of fourteen years who gave a history of a slight blow on the orbital margin of the left eye eighteen months previously, with subsequent development of a dark speck at the nasal corneoscleral margin. The growth, which seemed to have gradually enlarged, was now about 3 mm. by 2 mm. in diameter, and was very heavily pigmented, being almost black in color. A month ago the area was recorded as triangular, but the angles were now becoming rounded. The eyeball was otherwise absolutely normal.

Discussion. Melville Black, Denver. The case is one for observation. There is no justification for operation unless you are certain that the growth is a melanosarcoma.

W. H. Crisp, Denver, suggested that very careful measurements of the growth should be made and recorded every time the patient came in. He further considered it absolutely necessary either to leave the eye entirely

alone or to remove the whole eyeball; since in this type of case the risk of metastasis occurring with great rapidity after meddling with the growth was very pronounced.

C. E. Walker, Denver, would remove part of the growth, and if it were found to be sarcoma would try the effect of large doses of the x-ray, and later operation.

E. R. Neep, Colorado Springs, recalled a case shown by Dr. Edward Jackson some years ago and later reported as positively melanosarcoma; the patient having died of metastases within the next six months.

Magnet Extraction of Steel.

E. M. MARBOURG, Colorado Springs, presented a man from whose right eye a piece of steel 6 mm. long by 2.5 mm. wide and 0.5 mm. thick at the narrow end had been removed by Dr. Neep thru the wound of entrance with the giant magnet. The piece of steel had entered thru the cornea to the nasal side of the pupil, and had lodged behind the iris at about its junction with the ciliary body. When the patient was seen twenty-five minutes after the accident, the lens was already cloudy.

Discussion. W. C. Bane, Denver, believed that the eye would eventually have to be removed and possibly soon. The injury had probably involved the ciliary body. The patient had not yet got beyond the stage at which the other eye might become involved.

C. E. Walker, Denver. It is not quite certain that the ciliary body was injured, as the fragments may have dropped to the ciliary region. The main trouble is that the iris is in the corneal wound. It would be advisable to extract the lens and free the incarcerated iris.

E. R. Neep, Colorado Springs, felt that in a similar case he would not again extract at the point of entrance, but rather thru an operative wound directly over the foreign body. It is hard to use the giant magnet in such a case without lacerating the tissues.

Unusual Deposits in Iridocyclitis.

F. E. WALLACE, Pueblo, presented a boy aged sixteen years, who since July 1 had had an inflammation of the right eye, which had gradually become more

severe. The left eye had been involved in the same way but more mildly, beginning about August 1. The symptoms were generally those of a gradually increasing iridocyclitis. The history was negative as regards the nose, throat and teeth, and a Wassermann test was negative. The right cornea was generally cloudy, the pupil contracted, the iris muddy, and the fundus invisible. On the posterior surface of Descemet's membrane was a geometric group of thirteen white spots each of which was probably about a half mm. in diameter. The apex of the fairly regular triangle in which these spots were arranged pointed downward. There was no hypopyon, altho in the lower outer angle of the anterior chamber there was a rather large accumulation of exudate. There were also several large deposits of a like character on the iris. The left eye presented a similar but less marked condition. The vision of the right eye was now limited to hand movements. The right pupil had dilated under atropin a month previously but did not at the present time.

DISCUSSION. C. E. Walker, Denver. The cause of infection may be tuberculosis. Leeches, hot applications, and dionin should be tried in addition to the atropin.

J. M. Shields, Denver, suggested an oily solution of atropin.

Melville Black, Denver, thought that the case lay between uveal tuberculosis and gonorrhea.

W. H. Crisp, Denver, suggested that the patient should be given a strong solution of atropin to use at home, on account of the great amount of dilution from the abundant lachrimation.

J. A. Patterson, Colorado Springs. Altho the case is very suspicious of tuberculosis, the possibility of syphilis should not be dismissed.

Tuberculosis at the Macula.

H. M. THOMPSON, Pueblo, presented a case of exudative chorioretinitis affecting the macular area, and measuring about four-fifths of a disc diameter horizontally and three-fifths vertically. The diseased area was elevated several

diopeters, and was irregularly pigmented. There were three small vessels extending from below upward a little more than a half the vertical diameter of the lesion. Below and to the nasal side the retina was "fluffy." To the temporal side of the macular region there were several minute white spots, interspersed with small hemorrhages. In the upper part of the fundus patches of yellowish exudate with the old hemorrhage were visible. The retinal vessels seemed to be raised somewhat as they passed over this region. The retina in the vicinity of the main lesion seemed slightly edematous. The visual acuity of the right eye was fingers at three feet, left eye 20/15. The peripheral field of the right eye was not so good as that of the left. Failure of vision in the right eye had first been noticed February, 1920. The family history was negative, and four sisters and four brothers showed no signs of tuberculosis. From November, 1915, to January, 1918, the patient had been under treatment for active lung tuberculosis with a streptococcic secondary infection. In January, 1918, there was apparent arrest of the lung disturbance, and the weight had increased about forty pounds. In September, 1919, there was an acute exacerbation with gastrointestinal symptoms and some nephritis and the weight fell off twenty-five pounds. The tonsils were removed in June, 1920. Dr. Thompson exhibited a skiagraph of the chest showing involvement of both lungs.

DISCUSSION. Melville Black, Denver, remarked that there was some pallor of the temporal side of the optic disc of the right eye.

Dislocated Lens.

J. A. PATTERSON, Colorado Springs, presented a woman aged fifty-eight years whose right eye had about April 16, 1917, been struck with a piece of kindling wood which she was chopping. The eye gave no external indication of injury at that time, but the eyeground was seen thru a haze which seemed to be more marked on the temporal side. Eight days after the injury the tonometer registered 23 mm. The

outer half of the pupil failed to dilate under atropin, the temporal half of the iris seemed tremulous, and the media continued to be hazy. She complained of flashes of severe pain during which the vision was lost for periods of one half hour at a time. The vision of the right eye was 6/25, of the left eye 6/12; improved with correction to right 6/12 partly and left 6/5 slowly. The next tonometer reading, shortly after this, was 59 to 60 mm., but by February 15, 1918, under pilocarpin and eserine, this had declined to 32 mm. The patient was under the care of Dr. Crisp for some time while living in Denver. She refused operation from both Dr. Patterson and Dr. Crisp. She was not seen again until August, 1920, at which time the vision of the right eye had fallen to faint perception of light and shadow, projection being uncertain. With the ophthalmoscope only a red reflex could be made out, while by oblique illumination the iris was very tremulous and the lens capsule could be seen floating in the vitreous. Would it have been practicable to remove this dislocated lens with the scoop?

DISCUSSION. E. R. Neeper, Colorado Springs, had had a case of partial dislocation of the lens in a teacher some years ago, and had been able to remove the lens.

Senile Cataract with Congenital Coloboma of the Iris.

H. M. THOMPSON, Pueblo, reported a case of bilateral senile cataract in combination with a typical congenital coloboma of each iris. The patient was a married woman of forty-eight years. There was no history of congenital anomalies in the family. There had been four brothers and two sisters. The mother of the patient had been subject to miscarriages. The patient was a twin, and was said to have weighed two pounds at birth: the other twin was normal. The patient had married at thirty years, and had had three stillborn children and one child a boy nine years old and in good health. Wassermann test and urinalysis were negative. The vision of the right eye was 20/200, of the left eye

fingers at three feet. There was nyctagmus of the right eye, and a left microphthalmus with internal strabismus. The right lens showed stellate opacity, the left lens was completely opaque. Dr. Thompson proposed to remove the lens thru an incision directed downward, bringing a conjunctival flap over the wound; and operating first on the squinting and probably amblyopic eye, in order to accustom the patient to the procedure.

WM. H. CRISP,
Secretary.

SECTION ON OPHTHALMOLOGY, AMERICAN MEDICAL ASSOCIATION.

Report of the American Board of Ophthalmic Examinations.

Since the last meeting of this Section, examinations have been held in New York City, October 21 and 22, 1919, and in New Orleans, April 26 and 27, 1920. The certificate of the Board has now been awarded to more than 150 ophthalmologists, and about as many more applications for it are now pending. There still remain some American ophthalmologists who have not yet made application for it whose public records in ophthalmology would entitle them to the certificate without their being required to present case reports or to pass other examinations. Failing to make such application the opportunity will be withdrawn at the end of this year, 1920.

In the beginning such applications from men of established reputation and standing have been of distinct assistance in fixing attention on the work of the Board, and in helping to make popular this movement of raising the standard of educational requirement for those who would offer their services to the public as especially fitted for ophthalmic practice. But the time in which they could help in this way has now largely passed. Opportunity has been given to all who wish to avail themselves of it. We can now fairly suppose that those who have not applied do not care to do so, and after the close of 1920 all applicants will be required to submit case reports.