

ceding his visit he had been playing in the snow, and had come running into the house saying he had gone blind, and that a great black cloud was before both eyes. In a few minutes the left eye recovered, but the right remained blind. A physician was called but made no diagnosis.

At the time of his visit he was wearing a heavy bandage over the eye, complaining of pain when it was removed, but asserting he had no light perception. The pupil in the blind eye was somewhat dilated and its response to a light from a small electric lamp was questionable. No accommodative movement of the pupil.

Patient admitted no vision and asserted he could not tell when the light from the ophthalmoscope was thrown into the eye. Examined as in Case 1 vision in the blind eye was shown to be 20/20. Under mydriatic retinoscope showed only 0.25D. of hyperopia with a normal fundus. Diagnosis: malingering or hysterical amblyopia but probably the latter, as the boy expressed concern lest he would miss school. A possible explanation is, hysterical amblyopia due to fear of blindness resulting from persistence of after images.

## CORNEAL LOUPE.

ROBERT VON DER HEYDT, M. D.  
CHICAGO, ILL.

This loupe with self illuminating field was constructed as a help to ophthalmologists in examining the cornea, iris, anterior chamber, crystalline lens and capsule, and to aid in recognizing lesions of these structures.

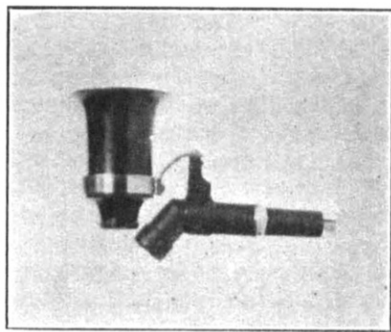


FIG. —.

Von der Heydt's Corneal Loupe.

The lens in the instrument is of three-quarter inch focus, and is aplanatic. Attached thereto is a tubular angle piece, with small electric bulb and condensing lens, which well illuminates field in focus. The instrument was shown before the Chicago Ophthalmological Society, November, 1917.

# SOCIETY PROCEEDINGS.

## COLORADO OPHTHALMOLOGICAL SOCIETY.

January 19, 1918.

DR. MELVILLE BLACK, Presiding.

### Unusual Cataract.

DR. E. T. BOYD presented a patient, aged 36, with lenticular opacities. In March, 1917, this patient consulted Dr. Boyd on account of headaches, so severe that he was unable to sleep for three weeks previous to this, and morphin had failed to relieve the pain. V. O. D. 20/20; V. O. S. fingers at 15 ft. He was given lenses to correct his vision and this

completely relieved the pain. In January, 1918, he returned with reduced vision. One lens is now opaque. The teeth, sinuses, and Wassermann are all negative.

DISCUSSION.—Dr. Edward Jackson said this man had lost his wife last August, is very nervous and in a run-down condition. He believes the cataract is due to the patient's poor general health, especially since he does not give a history of having had tetany, and has not used naphthalin in any form. He now has a patient who from 30 to 40 developed cataracts in each eye following tetany. She has had one operated, and the other may