

OPHTHALMOLOGY.

 UNDER THE CHARGE OF

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Oculopalpebral Epithelioma; Accidental Cure of Blindness.—DUJARDIN (*Clin. Ophthal.* No. 8, 1908, p. 119) reports a remarkable case in which a large epithelioma beginning at the margin of the lower lid and extending across the entire cornea completely concealing it with, of course, total blindness of the eye. Immediately upon striking his head accidentally against a tree the affected eye received a violent contusion with profuse hemorrhage. When this was arrested the man found that he had recovered his sight. The cornea was found entirely uncovered and intact and the remains of the tumor formed a thick fringe about the lower border on the nasal side. Instead of forming an integral part of the cornea the tumor was evidently simply superimposed upon that membrane which retained its transparency intact. A few similar cases have been previously reported. It may therefore be advisable, in tumor of the anterior segment of the eyeball, to make a careful dissection to determine the condition of the subjacent cornea.

When Glasses are not to be Prescribed.—JACKSON (*Amer. Jour. Ophthal.* January, 1908, i) urges that glasses are not to be prescribed under the following conditions: (1) When there is no ametropia or eyestrain. (2) When ametropia is present, but does not limit the power of vision, or cause discomfort, or harm of any kind. (3) If the symptoms present, although such as are likely to rise from ametropia are probably due to other causes. (4) In the case of eyestrain connected with imbalance of the ocular muscles, it is too frequently expected that spectacles will give relief. Sometimes they do; sometimes they are a necessary adjuvant to other treatment. But in a large proportion of cases the fault lies in the central nervous system, the general nutrition of the patient, or his habits of life. (5) Spectacles should not be prescribed without an accurate knowledge of the error of refraction to be corrected. Of the ten thousand combinations that might be made from the trial case 9990 would not give any relief. The system will take drugs poured into it and dispose of them in some way usually without serious ill effects in a short time; but the effects of glasses for good or ill continue so long as they are worn. (6) Colored glasses are only indicated for some temporary purpose and not for permanent hypersensitiveness as to light. The latter is an indication for rest of the eye.

Defect of Abduction Associated with Retraction of the Globe in Adduction.—GREEN'S (*Ophthalmic Record*, February, 1908, 62) case presented all the features typical of the syndrome as laid down by Duane: that is,

partial absence of outward movement, partial deficiency of inward movement, retraction of the globe in adduction, a sharply oblique movement up and in and down and in, in adduction, paresis of convergence, and narrowing of the palpebral fissure. The absence of adduction probably indicates that the externus is replaced by an inextensible cord. The restriction of adduction may be due to inability of the normally inserted internus from exerting its full function with an inelastic externus or the internus may be inserted too far back on the globe, its function being inefficiently assumed by the superior and inferior recti. The recession of the eyeball into the orbit is explained by some to be due to the bulging of the globe between the inelastic externus and the contracting internus; by others to the oblique line of pull of the superior and inferior recti. The oblique movements observed in adduction are believed by Duane to be due to spasmodic action of the inferior or superior oblique, probably often combined with spasm of the superior or inferior rectus. Much uncertainty exists as to the cause of the narrowing of the palpebral fissure; Harman ascribes this simply to falling in of the lids from loss of their natural support when the globe is retracted. The insufficiency of convergence appears to be due to mechanical hampering of the internus. Tenotomy is hardly justifiable, while advancement is contra-indicated. Duane was able to collect 54 instances of this condition, of which 6 were observed by himself, whence it is probable that it is less rare than appears, being at times overlooked or incorrectly interpreted.

Osteoma of the Orbit.—BIRCH-HIRSCHFELD (*Clin. Ophthal.*, No. 19, 1907, p. 286) reports three operations for osteoma of the orbit, of which one resulted in death. Unoperated osteoma is far from benign as some believe. The risk if unoperated is greater than when the tumor is removed. The operative dangers can be lessened by early diagnosis, rapidity of technique (injury of the base is especially to be avoided), and by treatment of the inflammatory affections of the frontal sinus which frequently accompany the growth. Microscopic preparations from these cases showed that ossification is, as in the normal bone, endochondral and perichondral and periosteal, and not solely periosteal as has been stated.

Family Nystagmus.—In Apert's and Dubosc's cases (*Ophthalmoscope*, September, 1907, 399) a family of 10 children, 4 by the first husband and 6 by a second, all of the latter were affected with nystagmus without evidence of ocular or general disease, except that in three of the children the knee jerks were exaggerated. The father was dyspeptic, had always been subject to violent migraines, neuralgia, and pain. His mother had suffered from temporary auditory hallucinations. Of the 4 children by the first marriage, 3 unaffected children were dead, while one, aged thirteen years, had no nystagmus, but was affected with fibrillary twitchings of the muscles of the lips, especially the upper, coming on every two or three minutes. The reporters think that their cases were instances of myoclonic nystagmus of the hereditary-familial variety described by Lenoble and Aubineau.