

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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A Case of Retinitis Pigmentosa, with Pathological Report.—W. T. LISTER (*R. L. O. H. Reports*, January, 1903) reports the case of a man, aged sixty years, who had suffered from retinitis pigmentosa for many years in both eyes; he had been totally blind for some years before his death. There was a strong history of insanity in the family, and the man himself died in an insane asylum.

Pathological Examination. Lens opaque throughout, vitreous fluid, retina and choroid so intimately united that separation of the two was impossible. The retina in its posterior two-thirds was deeply pigmented, the anterior third, a zone about 7 mm. in width, was pale and unpigmented, contrasting strikingly with the posterior pigmented portion. The macular region was pale gray and much less pigmented; retinal vessels extremely minute.

Microscopic Examination. Nerve more fibrous than usual, septa thicker; retina completely atrophied in the darkly pigmented area, trace of the normal retinal layers only in the parts close to the disk and macula; choroid is atrophied and the chorio-capillaris layer has disappeared. Taken as a whole, the changes are: concentric atrophy of the retina, with pigmentation and degeneration of the retinal vessels, associated with a variable amount of chronic inflammatory change.

"Some hold that these changes are brought about by primary vascular disease, either of the retina or choroid. But the concentric defect corresponds with *nerve distribution* rather than a *vascular distribution*, and therefore I think we must look for a degeneration commencing primarily in the nervous tissues rather than in either vascular system."

Is Syphilis, or a Lowered State of Vitality, "a Dystrophic Influence" Transmissible to the Third Generation?—COLLINS, London (*R. L. O. H. Reports*, January, 1903) has examined the children of twelve mothers who had suffered from interstitial keratitis with other signs of inherited syphilis. The twelve women had had sixty children and five miscarriages between them; thirty-four of the children are living and twenty-six have died. Of the thirty-four living children, twenty-five, varying from nineteen years to four months, are stated to be healthy. Fourteen of these have been examined by the writer and appeared healthy in every respect. Nine are unhealthy. One of these seems to have presented definite syphilitic symptoms, and three of the others symptoms which may have been syphilitic. Without any history

of the presence or absence of primary syphilis in the father, this cannot be taken as proof of the transmission of syphilis to the third generation. On the other hand, the small proportion of the living children who have had symptoms of a syphilitic character is presumptive evidence against transmission to the third generation. From a further study of the mortality among the children of the two generations, the writer concludes that the mortality among the children of parents who have had primary syphilis is somewhat greater than among the grandchildren; the mortality of the latter was found in this series to be twice the average infant mortality in London, so as to make it impossible to avoid the inference of the presence of some dystrophic influence.

The smallness of the number of miscarriages in the twelve women, the subjects of inherited syphilis, would seem to show that the dystrophic influence does not make itself felt upon the fetus in utero.

Two Hundred and Fifty Operations for Primary Cataract.—ELLIOTT, Indian Medical Service (*Lancet*, May 2, 1903) reports a second series of cataracts operated in the Government Ophthalmic Hospital, Madras.

Iridectomy and irrigation of the anterior chamber were employed in every case but one. Ninety-six per cent. recovered with useful vision, 2 per cent. counted fingers from a half metre to one metre, and 2 per cent. were failures.

By "useful vision" the operator means vision from 0.6 (6.8 per cent.) to 0.2—0.1 (48.2 per cent.). "In testing the vision on discharge only spheres were used," and these but imperfectly. Secondary operation was required in 6.8 per cent. The complications before, during, and after operation were mostly insignificant.

Retinal Hemorrhages as a Diagnostic Feature in Fracture of the Base of the Skull and in Subarachnoid Hemorrhages.—FLEMING (*Edinburgh Medical Journal*, April, 1903) reports a series of cases of fracture of the skull which he divides into three groups. In Group I. the subarachnoid hemorrhage was mostly unilateral, and retinal hemorrhages were present, but confined to the eye on the same side. All of these cases in this group were fractures of the base excepting one, which was a fracture of the squamous portion of the temporal bone. In that particular case the fracture was on the left side, and the subarachnoid effusion on the right.

Group II. were cases of fracture of the base in which there was bilateral subarachnoid hemorrhage with retinal hemorrhages in both eyes.

Group III. contains those cases in which there was a fracture of the base, without any retinal hemorrhages being present.

Group IV. contains cases of subarachnoid hemorrhage which were not secondary to fracture of the base, but to intracerebral hemorrhage.

The conclusions reached from these cases are that a subarachnoid hemorrhage, if sufficiently rapid in its development, will cause retinal hemorrhage, and that if the effusion is unilateral the hemorrhage will be confined mostly to the affected side. The exceptional cases in these series the author explains by an extraordinary amount of bruising in the region of the chiasma, which prevented the effused blood from entering the intersheath space, and by the