

THE JOURNAL OF
OPHTHALMOLOGY

OTOLOGY AND LARYNGOLOGY.

ISSUED BI-MONTHLY

JOHN L. MOFFAT, M. D., EDITOR.

ASSOCIATE EDITOR :

A. WORRALL PALMER, M. D.

VOLUME XIII, 1901

A. L. CHATTERTON & CO.,
156 FIFTH AVENUE,
NEW YORK.

the subsequent extraction became difficult, because of adhesion of cortex to the capsule."

W. H. BATES: Three years ago I sent a patient seventy years old to Dr. James E. Kelly for general treatment, with V. 15/200 from lenticular opacities. In three months she returned, having V. = 15/10 and positively no opacity of the lens. She still has the same vision and no opacities. I have seen a second case in which, under the treatment of Dr. Kelly, lenticular opacities entirely, and a third in which they partially, disappeared. He gave the patients water, at least three quarts a day, and exercises.

J. L. THOMPSON narrated a case of a man with a very white cataract. About fourteen years later a preliminary iridectomy gave a little vision, through a clear peripheral space. A year later he used eserine for pain and in a month the lens disappeared; the capsule is now filled with water—you can see the red reflex.

G. O. RING reported absorption of an incipient cataract accompanying double optic neuritis by active antisyphilitic treatment; it was clearly a specific case. V. rose from almost nothing to 20/20 and about 20/30.

I. R. GRIDLEY CASE had carefully tried Kalish's treatment in four cases: (1) traumatic cataract, no effect; (2) congenital, no effect; (3) senile, more rapidly progressive than usual at that age; (4) senile, it remained stationary until the patient's death.

G. E. DE SCHWEINITZ: Opacities in the nasal quadrant are sometimes nearly non-progressive, a variety that is associated with a corresponding patch of retino-choroiditis that does progress. There is some reason to believe that we can, by proper treatment, help people with immature cataract.

Treatment of Immature Cataract, by John E. Weeks.

In the main his views harmonized with those of Dr. de Schweinitz. Traumatic partial cataracts, with or without perforation of the capsule, sometimes become stationary; and in a few cases the opacification partly disappears. Cataract may be hyperplastic and degenerative, or simply a degenerative change in the lens structure. Cataract which forms during the course of an intraocular inflammation or neoplasm not infrequently presents a swollen appearance, a thickened capsule, and a multiplication of epithelial cells. The epithelial cells form in masses on the posterior surface of the anterior capsule, produce cystoid

3327

THE
ST. PAUL MEDICAL
JOURNAL

BURNSIDE FOSTER, A. B., M. D.
EDITOR IN CHIEF.

H. LONGSTREET TAYLOR, A. M., M. D.
MANAGING EDITOR.

EDITING AND PUBLISHING COMMITTEE

J. W. CHAMBERLIN, M. D. (to serve 5 years).

WM. DAVIS, M. D. (to serve 4 years).

C. A. WHEATON, M. D. (to serve 3 years).

ANGUS MACDONALD, M. D. (to serve 2 years).

C. EUGENE RIGGS, M. D. (to serve 1 year).

VOL. IV.

January to December, 1902.

PUBLISHED BY THE
Ramsey County Medical Society,
ST. PAUL.
1902.

is the resulting cicatricial tissue and its contraction. The technique is as follows: After removal of globe, bring muscles together with catgut and stitch the conjunctiva over them, having checked all hemorrhage. Then inject the cavity from either canthus full of sterile agar-agar, or fill the scleral cavity if evisceration is performed. The material solidifies and does not liquify at body temperature. Granulation tissue is developed and forcing its way into the agar-agar causes its absorption. Out of six injections into scleral cavities in animals, there were three extensive suppurations. Out of six injections after complete enucleations all were successful. The material is absorbed after 5 or 6 weeks. The writer claims the stump not to be superior than after other operations except that they are slightly more prominent. McDAVITT.

TEMPORARY CLEARING OF A CATARACTOUS LENS. (By HIRAM WOODS, M. D., Baltimore. Journal of the American Medical Association, Dec. 7th, 1901.)

FUCHS speaks of clouding of the lens as a symptom of choroiditis and lens opacities often follow or accompany the eye lesions which resolve. A few reliable reports of clearing of lens clouding are found. At the 51st meeting of the American Medical Association a few such cases were mentioned. DR. BATES of New York saw two cases cured and one greatly improved under treatment by DR. JAMES E. KELLY. Save that the patients reported that they were made to drink a great deal of water, no clue is given to the treatment. DR. RING of Philadelphia saw lens opacities disappear under iodide of potassium in a specific patient. Is there a kind of lens clouding which improves as the underlying cause, probably a choroiditis, gets better? If "an opacity is due to a departure from the normal in the nutrition of the lens" will these changes in the lens disappear as the cause of the mal-nutrition subsides. Consensus of opinion is against such an occurrence. DR. RESHY states "when an opacity is formed in the lens it will remain." DR. DE SCHWEINITZ, "the choroidal disturbance yields, but the formation of the cataract continues." DR. RISHY states that often the choroidal disease subsides and the lens opacity becomes non progressive. DR. WOOD states that his case developed lens cloudiness some time after old choroidal changes had been manifest. After an interval of 18 months the cataract was apparently mature. In six months it partially cleared and an area of recent choroiditis was found. The patient was 72 years old and 16 dioptics myopic which gave her vision of 4/200. Left lens had a nuclear opacity. Four years afterward the left eye was practically blind having only light perception and lens was amber colored. Six months later she counted fingers at four feet with left eye and the fundus could be plainly seen with the ophthalmoscope; three days later left eye had vision 10/200 with correcting lens. Soon after vision began to decline and it was necessary to remove lens. McDAVITT.

A CASE OF PETRIFYING CONJUNCTIVITIS. (PROF. M. W. KORTER. La Semaine Medicale, Sept. 25, 1901.)

The case described by Prof. Korter is doubly interesting both on account of the rarity of petrifying conjunctivitis and because of the light shed by this case upon the pathogenesis of this singular affection.

Another article - By Dr. Bates about Dr. Kelly (I think he is the friend-doctor from New York who found Dr. Bates working in North Dakota and talked him into coming back to New York. This article; Cures cataract;