

OLIVER (C. A.)

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DESCRIPTION OF A CASE

SHOWING THE

LATE OPHTHALMOSCOPIC APPEARANCES OF SUPPOSED
EMBOLISM OF THE CENTRAL RETINAL ARTERY.

Read before the American Ophthalmological Society, May 31, 1894, at the
Third Triennial Meeting of the Congress of American
Physicians and Surgeons.

BY

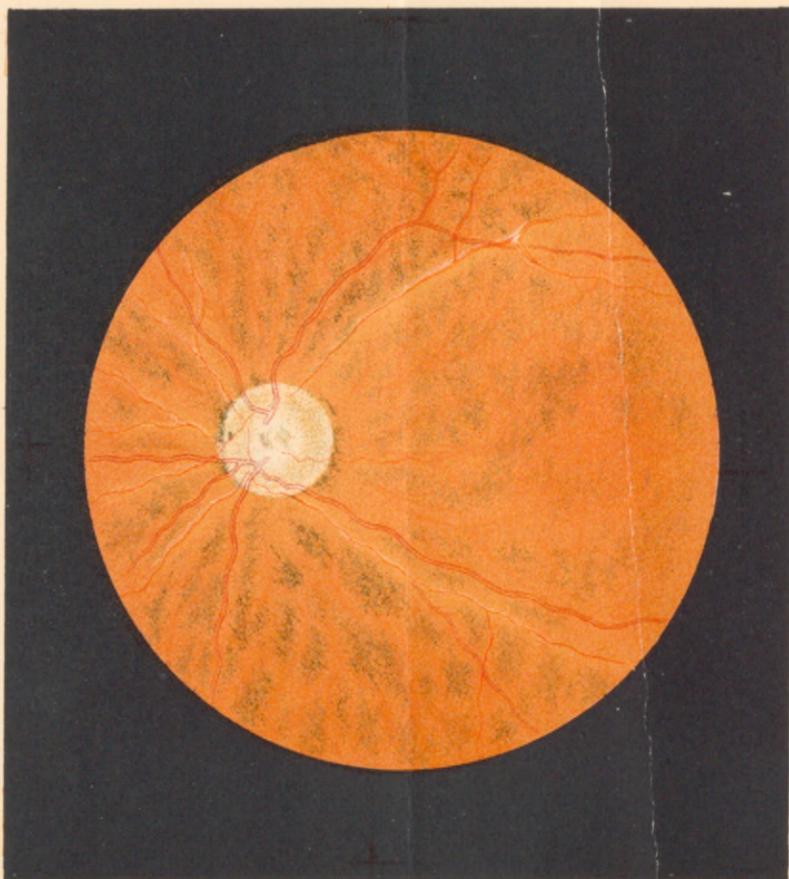
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One of the Attending Surgeons to Wills' Eye Hospital; Fellow of the College of Physicians, Philadelphia; Honorary Fellow of the Chicago Academy of Medicine, etc.



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The Late Ophthalmoscopic Appearances
of Supposed Embolism of the Central Retinal Artery.



W. H. W. 1886

LEFT EYE.

DESCRIPTION OF A CASE SHOWING THE LATE OPHTHALMOSCOPIC APPEARANCES OF SUP- POSED EMBOLISM OF THE CENTRAL RETINAL ARTERY.

ON the 2d day of October, 1893, a sixty-four-year-old man, C. K., of South Bethlehem, Pennsylvania, applied to Dr. George C. Harlan's clinic at Wills' Eye Hospital. The patient, a worker in steel, stated that nine days previously, while knocking off clinkers from a grating, he noticed a sudden loss of vision, which lasted about two hours. Three days later the blindness repeated itself, lasting this time but thirty minutes. During the following forty-eight hours his vision remained good, when, without any apparent cause, he experienced periodical attacks of dimness of vision and blindness.

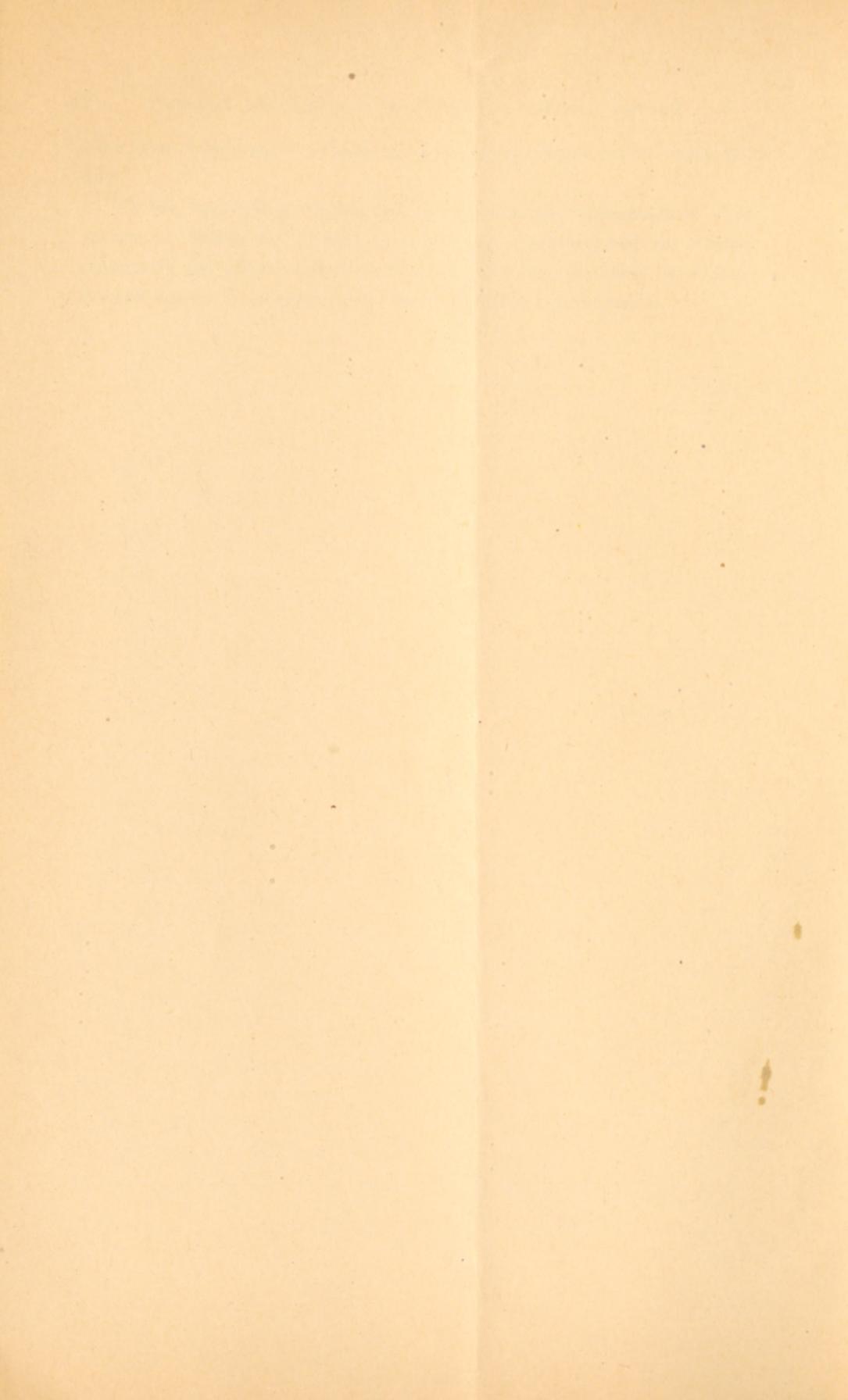
At the time of examination the eye was blind, the pupil was dilated, and the iris was immobile. A marked œdema, especially in and around the macula lutea, existed. A typical cherry-colored spot could be seen in the foveal region. Both the retinal arteries and veins were small, the arterial currents being thread-like and even invisible in places. The perivascular channels were thickened and opaque. No arterial pulse could be produced upon pressure. The left eye was unaffected, no fundus lesion could be detected, and vision could be brought to normal by the employment of a proper corrective lens.

The patient was lost sight of until the month of May, 1894, when he voluntarily reappeared in order that he might obtain a glass for an increasing presbyopia. At this time, through the kindness of Dr. Harlan, the accompanying sketch of the fundus-details, by Miss Margaretta Washington, of this city, was obtained.

The eye was blind and the pupil was undilated and fixed. The media were clear, and the fundus-details, as here shown in the lithographic plate,

were those of optic-nerve atrophy, gross perivasculitis, and retinal degeneration.

Verbal descriptions of the late ophthalmoscopic appearance of this variety of disease are so rare in ophthalmic literature, and the visible changes in the present instance are so characteristic, that they have been deemed worthy of an accurate and faithful graphic representation.



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JOHN ASHHURST, JR., M.D., AND JAS. T. WHITTAKER, M.D., LL.D.,

BY

HENRY W. CATTELL, A.M., M.D.

THE development of medical science is proceeding at such a rapid rate that a medical journal is an absolute necessity to every practising physician. The INTERNATIONAL MEDICAL MAGAZINE supplies this need by giving, as it does, authoritative expression to the results of the experience and investigations of the foremost physicians, surgeons, and lecturers of the leading medical schools of the United States and Canada, together with those of the great medical centres abroad, such as London, Paris, Berlin, and Vienna.

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