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*RECOVERY WITH UNUSUALLY  
GOOD VISION.*

BY  
VINCENT GOMEZ, M. D.,  
BROOKLYN.

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REPORT OF  
A CASE OF AMBLYOPIA EX ABUSU.

RECOVERY WITH UNUSUALLY GOOD VISION.

BY VINCENT GOMEZ, M. D.,

BROOKLYN.

A. P., aged twenty-five years, single, a native of Germany, by occupation a bartender, was first seen on December 26, 1894, giving the following history :

Ever since he can remember has never seen much with the left eye ; had a convergent strabismus in this eye up to three or four years ago, which was operated upon. For the last three or four weeks his sight has gradually been failing, but he can not possibly state when it began. He says he sees much better at night and in a dimly lighted room. In a bright light and in the daytime he has a troublesome cloud which dazzles his sight. He is a heavy consumer of tobacco and of lager beer, taking of the latter eight or ten glasses daily, and smoking seven or eight cigars through the day. How long he has indulged in this he can not say positively, but states that he has done so for a long time. Up to three weeks ago his vision in the right eye was perfect, and his eyes did not bother him in the least.

The left eye seems somewhat smaller than the right ; the pupil is dilated and reacts slowly ; fixes poorly ; vision in the left eye equals fingers at six inches, with no improvement. The field in this eye is very greatly contracted for all colors.

Examination with the ophthalmoscope : Media clear. Disc bluish white, the outline sharply defined and somewhat pigmented. The blood-vessels are small, especially the arteries.

The field in the right eye showed a central scotoma for red. Vision in this eye =  $\frac{2}{30}$ , with no improvement.

Objective examination shows but slight ophthalmoscopic changes. The papilla is somewhat hyperæmic, but not so decidedly at the temporal half; there is a moderately marked physiological cup; but these changes are so slightly pronounced that one may say that the result of examination is negative. A diagnosis was made of amblyopia ex abusu in the right eye, and atrophy of the optic nerve in the left.

The treatment consisted first of all in abstinence from tobacco and alcoholic beverages, and the exhibition of strychnine sulphate, gr.  $\frac{1}{30}$ , four times daily. On January 2, 1895, I again saw the patient. V. O. D. =  $\frac{1}{200}$ ; the hyperæmia of the disc was more marked. Ordered strychnine sulphate, gr.  $\frac{1}{30}$ , eight times daily. On January 4th, V. O. D. =  $\frac{2}{30}$ . January 11th, V. O. D. =  $\frac{2}{30}$  +. January 18th, V. O. D. =  $\frac{2}{30}$  +; does not feel any rigidity of muscles or jaw; is still taking a fifth of a grain of strychnine daily. February 4th, V. O. D. =  $\frac{2}{30}$ . March 1st =  $\frac{2}{30}$ ; has not been taking strychnine with any regularity. Ophthalmoscopic picture about the same. March 8th, V. O. D. =  $\frac{2}{30}$ . March 15th, V. O. D. =  $\frac{2}{30}$ -. March 22nd, V. O. D. =  $\frac{2}{30}$ ; reduced amount of strychnine to a thirtieth of a grain, six times daily. April 1st, V. O. D. =  $\frac{2}{30}$ . April 8th, V. O. D. =  $\frac{2}{30}$ ; reduced strychnine to a thirtieth of a grain, four times daily. Reads Jaeger No. 2 at six inches, a thing he has not accomplished in five months. April 15th, V. O. D. =  $\frac{2}{30}$ ; reduced strychnine to a thirtieth of a grain, three times daily. April 21st, V. O. D. =  $\frac{2}{30}$  +. Jaeger No. 1 at five inches. April 26th, V. O. D. =  $\frac{2}{30}$  +; discontinued the use of strychnine. April 29th, V. O. D. =  $\frac{2}{30}$  +. May 14th, V. O. D. =  $\frac{2}{30}$  +; feels well. The light does not seem to dazzle his sight. Ophthalmoscopic examination reveals a normal fundus.

Amblyopia from the abuse of alcohol or tobacco has been recognized clinically for quite a long time, but not until recently understood accurately.

Uthhoff examined 1,000 patients who were addicted to alcoholic excess (alcoholism), and out of these found six

per cent. affected with amblyopia; in 6.5 per cent. he found the peculiar nerve lesion without amblyopia, and in 5.3 per cent. pathological conditions of the optic nerve and the adjacent retina. Added to these were some other lesions affecting the pupils, the muscles, and the retina, making a total of eye diseases among 1,000 patients of about 30 per cent. How long the indulgence had continued is not stated. The ophthalmoscopic finding was that in 63 per cent. there was atrophic pallor of the temporal side of the nerve, often extending below, and this lesion occurred in all the protracted cases; in 8 per cent. there was slight but distinct haziness of the nerve and the adjacent retina; in 28 per cent. there was no abnormal appearance.

The pathological lesion is atrophy succeeding to inflammation of the axial fibres of the nerve. The beginning may be at any part below the chiasm, although by preference it affects the distal or ocular portion of the nerve. With deep lesions some time is required for their manifestation at the disc; hence, in many cases, no visible sign is afforded. The symptoms are color scotoma or absolute scotoma varying in size and usually central. There may be no reduction of acuity on examination by test types, or vision may be extremely bad. The periphery is not affected. Very frequently there is a glimmering sensation; pain is not present, either spontaneously or on pressure. Commonly both eyes are symmetrically affected—a fact which distinguishes this from other intraocular affections, such as chorioiditis, atrophy of the optic nerve, cataract, etc., in which the two eyes are usually affected to a different degree.

The blindness relates to both red and green, and in very rare cases to blue, just at the centre. The progress of the disease is slow, and total blindness is not common, but recovery with normal vision does not frequently occur.



