CASE OF HEMIANOPSIA WITH PECULIAR CEREBRAL SYMPTOMS.

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Mr. Y., aged 39, conductor. First seen June 28, 1883; said that two weeks ago he found a sudden slight dimness of vision, without pain. Had had malaria badly. V. R. = $\frac{15}{20}$, L. = $\frac{15}{15}$. Ophthalmoscope showed very slight haziness of retina — no other change. Reading slightly difficult. Put on course hydrarg. and potassium iodide.

There was gradual improvement up to September 15th, when he found that a distinct blur suddenly came over R. E. This passed off in six weeks (there being no ophthalmoscopic change), under use of ac. phosp. and strych., and Nov. 4, V. R. = $\frac{15}{15}$, L. = $\frac{15}{15}$—. Though the vision responded to tests, there was a sluggishness of the retina in responding, and a feeling of discomfort that was ominous.

June 2, 1884. Return of dimness, and November 19th, V. R. = $\frac{15}{25}$, L. = $\frac{15}{40}$. Has now blurring in nasal half of each field. I suspected intra-cranial pressure at the decussation, and put him again on potassium iodide and hydrarg. About this time I asked him to see Dr. Loring, which he did, and this is Dr. Loring's letter at that time.

128 MADISON AVENUE,
NEW YORK, Dec. 16th.

Mr. Y's case is certainly, in many respects, a peculiar one, and one which I should like to study at leisure. The first thing to determine, it seems to me, is whether there are any ophthalmoscopic signs of the presence of disease within the eye itself, and it would seem to me that there are such signs, although I must confess they are not well marked. It seems to me that there are signs of commencing atrophy of the gray type. Now, whether these are due to primary disease of the fibers or to some morbific influence of a

malarial type, it is hard to say. It may, of course, be due to some intra-cranial trouble, such as you suggest, but I am more inclined to think it is not, from the fact that in the left eye the peripheral vision is relatively so good, and the central so much impaired. If pressure at the commissure was the cause, I should expect a more decided loss of vision in the parts affected, whereas it is a diminution and not an absolute loss. I am therefore inclined to think it an atrophic process affecting symmetrical parts of the retina of each eye, the exact nature of which I am, as yet, in doubt about. I have seen some cases like this of a specific origin, and I should be inclined to try anti-specific treatment rather vigorously, especially mercury. In regard to the prognosis, I am in doubt also; one thing is certain, the left eye has got steadily worse, and the vision is worse to-day than it ever has been. I am sorry I cannot throw more light on the case, but it is a difficult one, and one which needs much more study than a single visit can give. I have seen a remarkable improvement in such cases sometimes, and I would not discourage him too much.

Ever yours, E. G. LORING.

He was put upon a vigorous anti-syphilitic treatment, and this was kept up for a few weeks with absolutely no improvement.

In April, 1885, the dullness of the retina had increased so markedly that he had to look an appreciable time at each word in order to comprehend it, but V. R. = $\frac{15}{15}$, L. = $\frac{15}{40}$. The hydrarg. treatment was resumed, and pushed to slight ptyalism. From time to time cinchonidiæ sulphas had been used to meet malarial symptoms. He then saw Dr. Loring again, who wrote as follows:

128 MADISON AVENUE,
NEW YORK, May 27, 1885.

I do not know that I can throw any light upon Mr. Y's case other than what I said in my former note. His central vision seems to be as good as at my former examination. I do not think there is any growth pressing on the nerves at the chiasma, but what the true cause of his trouble is I do not know, unless it be a sort of multiple degeneration of the nerve fibers in spots. It may possibly be due to his malarial diathesis or habit. I am sorry, but this is all I can say of the case.

Very truly yours,
EDW. G. LORING.

He was then given cinchonidia in increasing doses.

September 6th. Pressure in head marked. Fl. ext. ergot given gtt xx. every 6 hrs. In two weeks he was better of the pressure, and also of the pain he had complained of after slight jarring, as in stepping from sidewalk to street. Internal rectus weak, not overcoming 10°. In walking needs *both* eyes; if either one is shut he becomes confused. Add. = 8°, abd. = 8. Prism gives no relief for reading. (Not seen for long interval.)

July 20, 1887. V. R. = $\frac{15}{20}$, L. = $\frac{15}{100}$, at right side field. At times finds words lengthen and contract while he looks steadily at them. Is not confused now in walking if one eye is shut, as formerly. Pressure in head and back of neck less. Put on course of strychnia.

July 5, 1888. Reading gradually more difficult. V. R. = $\frac{15}{25}$, L. $\frac{15}{64}$ in right field.

June 15, 1889. V. R. = $\frac{15}{25}$, L. = $\frac{15}{64}$ in R. F.

With R. E. can hardly read at all, but with both reads No. 1 Jaeger, but retina becomes easily fatigued. Has frequent feeling of pressure in the head aggravated greatly by bending over so that he has to be bolstered up in bed at times to relieve it. In the right eye the hemianopsia is complete. In the left eye the right half is much brighter than the left, and the line of demarcation is exactly mesial. There are no marked ophthalmoscopic changes.