

Colloid disease in the macula region : analogous in appearance to the so-called drusen in the nerve-head / by G. E. de Schweinitz.

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De Schweinitz, G. E. 1858-1938.
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Publication/Creation

Hartford, Conn. : Case, Lockwood & Brainard Company, 1894.

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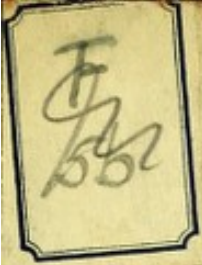
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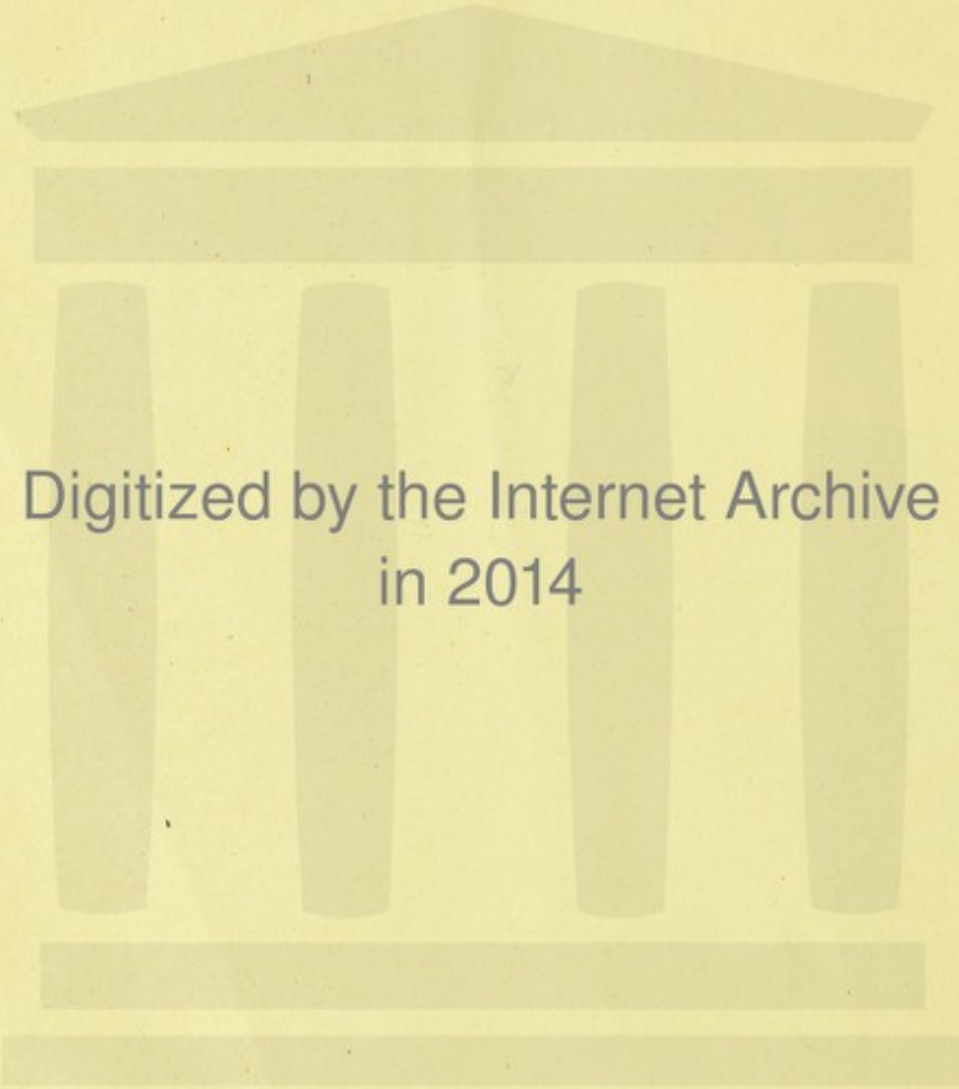
Colloid Disease in the Macular Region

ANALOGOUS IN APPEARANCE TO THE
SO-CALLED DRUSEN IN THE
NERVE-HEAD.

BY G. E. DE SCHWEINITZ, M.D.,
PHILADELPHIA, PA.

[*Reprinted from American Ophthalmological Society Transactions, 1894.*]

HARTFORD, CONN.
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1894.



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COLLOID DISEASE IN THE MACULAR REGION ANALOGOUS IN APPEARANCE TO THE SO- CALLED DRUSEN IN THE NERVE-HEAD.

BY G. E. DE SCHWEINITZ, M.D.,

PHILADELPHIA, PA.

Both from the clinical and the microscopical standpoint, the attention of the Society has been directed recently to the so-called drusen in the nerve-head. I desire to present the report of two cases exhibiting symmetrical macular lesions, in appearance not unlike these curious formations in the optic papilla.

CASE I. — Lizzie C., a trained nurse, aged thirty, presented herself for treatment on account of blepharitis, pain in the eyes, and frontal headache. Her father died of typhoid fever; her mother and one brother from causes unknown; one brother and one sister are living and well; her maternal grandfather and a maternal uncle and aunt died of phthisis. The patient, with the exception of atonic amenorrhœa, is in good health, and has not been ill since childhood, when she suffered from measles, scarlet fever, and diphtheria, all before the eighth year of her life.

The vision in each eye is 6/9, which, after the correction of a compound hypermetropic astigmatism,

O. D. + 2 D. \subset + .50c axis 15 $\frac{1}{2}$
O. S. + 2 D. \subset + .50c axis 165

risks to 6/6.

In each eye the disc is a vertical oval, somewhat hyperæmic, and its margins are slightly veiled with hazy retina. The macular regions present symmetrical lesions consisting of a collection of variously-shaped, chiefly roundish, yellowish and yellowish-white, slightly prominent bodies lying beneath the retinal vessels. They vary in size from quite minute ones to those equal to the width of one or one and one-half retinal veins. The bodies are so related one to the other that they are

closely in contact, somewhat piled up, giving the general impression of the mulberry-like appearance which has been attributed to the so-called colloid growths seen in the nerve-head. Each patch is a large oval three disc diameters in length and two in width.

The amplitude of accommodation, after correction of the refractive anomaly, is normal. There is an exophoria of four degrees. The visual field is normal and there is no scotoma. The appearances of the right eye are represented in the accompanying water-color; those of the left are practically the same.*

This patient was first seen more than four years ago, and has been examined on numerous occasions since that date, the last time only two weeks ago. There has never been the slightest change in the appearances of the spots, and never the least disturbance of central vision, which at the present time is 6/5.

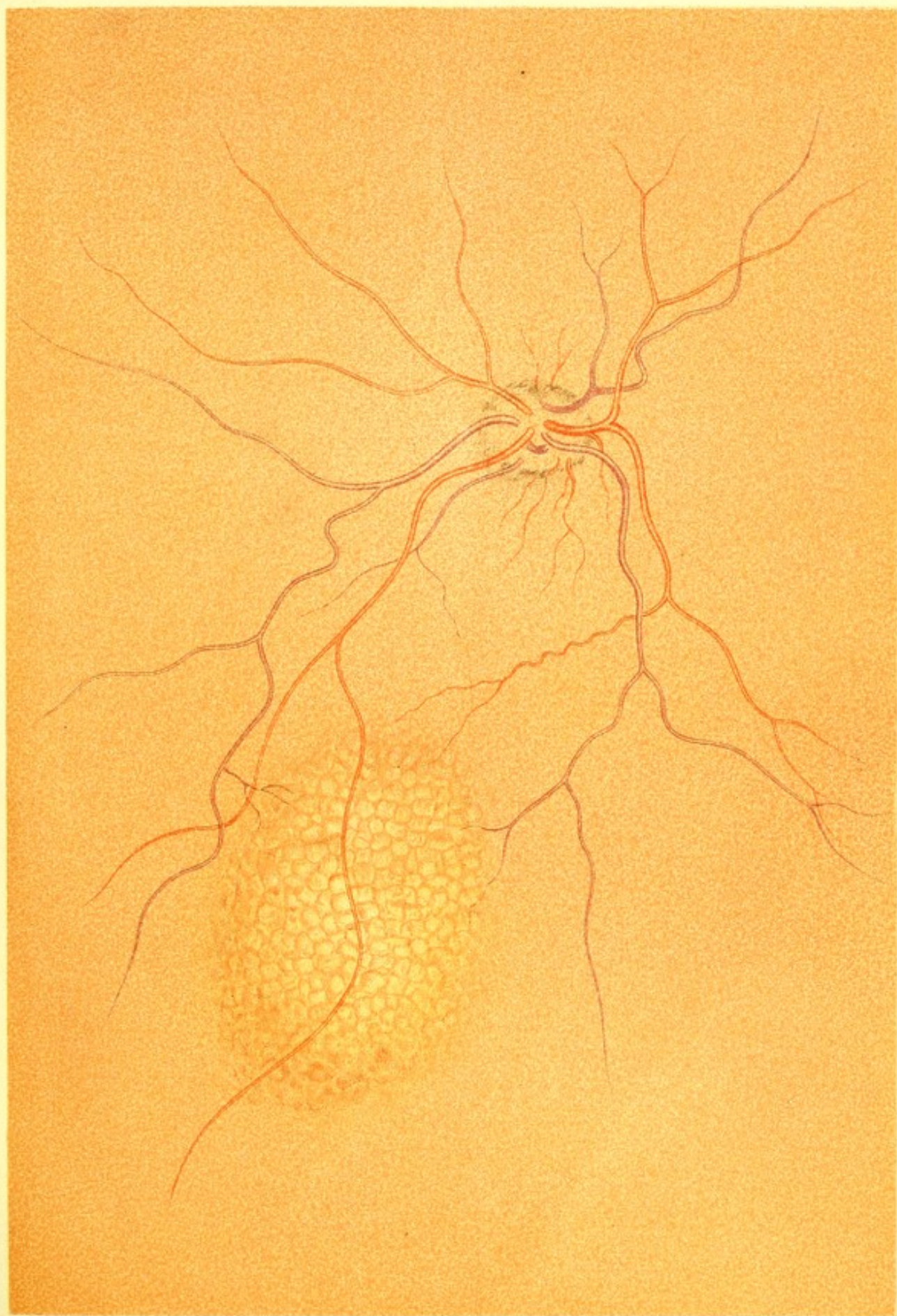
CASE II. — Louise N., a young unmarried woman, presented herself for treatment on account of persistent asthenopia and frontal and occipital headaches, which have been temporarily relieved by glasses. Her refractive error was first corrected six years ago, again two years ago, and lastly two months ago by myself. Father and mother are healthy, but the patient has never been very strong. When five years old she had measles severely and also chicken pox, but never scarlet fever. Seven years ago she was very ill with what was supposed to be acute anaemia. She improved under the influence of rest-cure and massage. At this time, however, it was discovered that the urine was loaded with albumin and contained numerous hyaline and granular tube-casts. These have persisted, although at the present time the quantity of albumin has greatly lessened and the general nutrition of the patient has much improved:

The vision in each eye is 6/9, which, after the correction of a compound hypermetropic astigmatism,

$$\begin{aligned} \text{O. D.} &+ .50\text{s } \subset + 50\text{c axis V.} \\ \text{O. S.} &+ .50\text{s } \subset + 62\text{c axis V.} \end{aligned}$$

risks to 6/6.

* I have seen a third case, exactly like the ones I report, through the courtesy of Dr. John T. Carpenter, Jr. The water color of this case, by Miss Washington, has not been reproduced.





There is esophoria of six degrees. Abduction equals six degrees, adduction sixteen degrees.

Each optical disc is a vertical oval, small, the edges mellow, the veins full and slightly tortuous. Each macular region is occupied by a large, oval, somewhat elevated patch composed of numerous roundish bodies, reddish-yellow and faintly translucent, joined together in such manner that they seem to lie not only side by side, but piled one above the other. These bodies lie beneath the retinal vessels. Here and there are a few flakes of pigment and some reddish spots. The accommodation is subnormal, even after the correction of the refractive error, the field of vision is unimpaired, there is no scotoma, and the pupillary reflexes are normal. The appearances are presented in the accompanying water-color by Miss Margaretta Washington.*

The illustrations, excellent in many respects, do not convey exactly the ophthalmoscopic picture of these cases, which cannot better be described than by comparing them to the appearances presented by the mulberry-like, hyaline or colloid outgrowths from the optic papilla. The bluish-gray color which is ascribed to the latter is not evident in these macular bodies, which somewhat resemble small masses of boiled sago or tapioca, with a faint reddish-yellow tint softened by the retinal covering. The verrucosities of the choroid described by De Wecker and Masselon† are represented occupying the fundus a short distance from the papilla and almost encircling it, but the macular region is uninvolved. Nettleship's‡ drawing of a case described as central guttate choroiditis, without defect of sight, which portrays "a number of small, perfectly circular, pale, greyish-yellow spots thickly congregated at the yellow-spot region, and more thinly scattered all around that part, reaching on the nasal side as far as the disc," somewhat resembles the illustrations which I present. The spots are, however, smaller, less bunched together, and not so prominent. It seems likely that these cases represent the ophthalmoscopic appearances of the so-called colloid degeneration of the vitreous mem-

* The patch of colloid change is misplaced; it should be more directly in the macular region.

† Ophthalmoscopic Clinique, 2d Edition, Figs. 79 and 80.

‡ *Trans. Ophth. Soc. U. K.*, Vol. IV, Plate II, Fig. 2.

brane of the choroid, which, as we know, consists of variously-shaped small projections from this structure. Colloid excrescences were first described as senile changes,* but they may occur in young subjects, as, for example, in the cases herewith presented, and are often unaccompanied by impairment of visual acuity. Dimmer† gives a good account of the pathological anatomy of these bodies and a résumé of the various theories which have been advanced to explain their origin, his own belief being that they may arise from cells, which become filled with a homogenous substance, gradually coalesce and form the colloid projections; in other words, the process is similar to simple colloid degeneration. Based upon microscopic studies,‡ I have expressed the opinion that colloid excrescences of the lamina vitrea and drusen in the nerve-head are not analogous lesions, an opinion also held by a number of other observers.

* An instructive chromo-lithograph representing senile degeneration of the macula, suggestive of this change, is given by Caspar (*Monatsbl. f. prakt. Augenheilk.*, 1892, p. 284), who considers his case identical with the changes described by Nagel as "hyaline growths and crystalline deposits of lime on the inner surface of the choroid."

† *Arch. of Ophthalmology*, Vol. XIV, p. 65.

‡ *Trans. Amer. Ophth. Soc.*, 1892.