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Contributors

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Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

SYNCHYSIS SCINTILLANS.

By DAVID WEBSTER, M.D.,

PROFESSOR OF OPHTHALMOLOGY IN THE NEW YORK POLICLINIC.

THAT affection of the vitreous humor known as scintillating or sparkling synchysis, is, in New York, a comparatively rare disease. At the Brooklyn Eye and Ear Hospital only *two cases* were seen among the twenty-eight thousand eight hundred and sixteen (28,816) patients with diseases of the eye treated at that institution in the first fourteen years of its existence. At the Manhattan Eye and Ear Hospital, New York, *three cases* were found among the twenty-six thousand seven hundred and fifty-six (26,756) eye-patients registered there during its first thirteen years of work. Thus out of a total of 45,572 patients with diseases of the eye only five were found with crystals of cholesterine in the vitreous humor.

In India, according to Mr. Macnamara, formerly of Calcutta, now of London, the affection is much more frequently met with. He says: "Among the natives of India these appearances are sometimes seen in consequence of the lens having been thrust down into the vitreous in the operation of depression or reclamation for the cure of cataract. We not unfrequently have patients applying for relief at the Ophthalmic Hospital under these circumstances, suffering from atrophy of the retina and choroid, together with sparkling synchysis." ("Diseases of the Eye," 1882, p. 397.)

The disease is well known to be due to degenerative changes occurring in the vitreous humor, though the causes of those changes, when not traumatic, are not always apparent.

The prognosis, when the disease is of traumatic origin, or accompanied by changes in the crystalline lens, optic nerve, retina, or choroid, is of course decidedly unfavorable. When of idiopathic origin and complicated the reverse seems to be the case. In the first case herewith reported, the patient is still actively engaged in work requiring the close use of his eyes, although seventy years of age, and although ten years have elapsed since he was known to have sparkling synchysis of both eyes. Of the subsequent histories of the other three cases I know nothing.

In regard to the management of these cases, no local treatment seems to be indicated. But in common with all chronic eye-affections I have no doubt that they may be benefited by attention to the general health. Of course the kidneys, the heart, and other important organs should be carefully investigated, and may furnish indications for general treatment.

The following four cases are extracted from the private case-books of Dr. C. R. Agnew, of New York, and are all of idiopathic origin, unless we except the third, as having been caused by concussion, the patient having been thrown from a horse twenty-three years before we saw her. If the disease of the vitreous was produced by the fall, we may learn from this case how long it may exist without producing any considerable impairment of vision.

The fact that an eye with a fluid vitreous which has undergone chemical changes resulting in the formation of numerous crystals of cholesterine may still retain vision $\frac{20}{20}$, seems to me a very remarkable one: yet in two of these cases the patient could read $\frac{20}{20}$ after waiting a few moments for the sediment to settle down out of the axis of vision; in a third the vision was $\frac{20}{30}$; and only in the fourth, where there were lenticular complications, was the sight very materially impaired.

Those who wish to study this disease more particularly are referred to:

1. Chambé: Contribution à l'étude du synchisis étincelant, 40 pages, avec une planche. *Thèse de Paris*, 1876.
2. Poncet: "Histologie du synchisis étincelant."

3. Van den Bossche, E.: Observation de synchysis étincelant. *Presse méd belge*, No. 32; as well as to the text-books, in common use, on the eye.

CASE 1.—March 21, 1873. Mr. T., statesman, aged sixty, has had more or less pain on using his eyes for reading and writing, for a long time. About three weeks ago he was attacked, rather suddenly, with a mistiness of vision of both eyes. This haziness of sight has since remained about the same, and the pain in his eyes, has been more annoying than previously. He considers his general health fair for a man of his age. He smokes cigars excessively and indulges freely in snuff. Each eye has vision $\frac{2}{3}$, and both are emmetropic. He reads Jaeger No. 1 with his glasses.

Ophthalmoscopic examination reveals the presence of numerous crystals of cholesterine in the vitreous humor. On causing him to move his eye about rapidly and then to suddenly fix it, beautiful showers of sparkling crystals are seen slowly falling, and flitting past each other in various directions, through the vitreous, and thus gradually settling down into the bottom of the vitreous chamber. The crystals having settled, the fundus can be seen to be normal.

CASE 2.—April 4, 1876. Mr. M., aged fifty-two, a teacher in the public schools, says that his eyes have troubled him only within a few months. He has never used glasses for reading, and can still read Jaeger No. 1, with much apparent effort, at a distance of thirteen inches. Vision = $\frac{2}{3}$, each eye, and no improvement with glasses. Reads more comfortably with $+\frac{1}{4}$. No insufficiency of ocular muscles.

Ophthalmoscopic examination shows sparkling synchysis of the left eye.

CASE 3.—June 29, 1876. Miss A. C. C., aged forty, when seventeen years of age fell from a horse, and "injured her spine sympathetically." She was a patient of Dr. J. Marion Sims, and was confined to a sofa most of the time for twelve years. Her eyes have been weak ever since the injury. They suffer from a sense of heat after being used, in reading or sewing, for a short time, and from aching, darting pains. There is an hereditary tendency to weak eyes in the family. Each eye has vision = $\frac{2}{3}$, and Hm. $\frac{1}{2}$. Insufficiency of interni 6° at 1' and 2° at 20'. Presbyopia $\frac{1}{4}$.

Ophthalmoscopic examination shows numerous crystals of cholesterine in the left vitreous humor, not settling to the bottom, but apparently attached to a web-like structure, so as to make only slight excursions on moving and then fixing the eye. Some of the crystals seem to be embedded in the retina. Three or four are situated in the vitreous almost in contact with the optic disc. There is physiological excavation of both optic discs, with visible pulsation of the retinal veins.

CASE 4.—Sept. 16, 1878. Mrs. C. McD., aged seventy-six, one year ago first noticed impairment of vision, and for the last six months has not been able to read a word. She has a patch of xanthelasma at each inner canthus.

Right eye, vision = $\frac{3}{200}$.

Left eye, vision = $\frac{2}{200}$.

Ophthalmoscopic examination shows lenticular opacities in both eyes. In the right eye the whole vitreous seems to be studded with small, round, white dots, with a few glittering crystals scattered about among them.