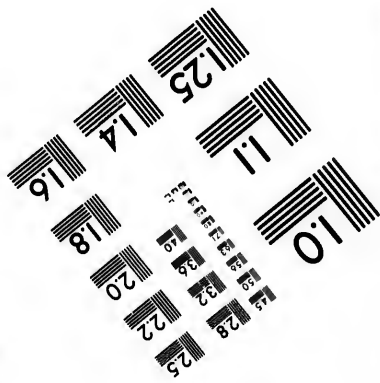
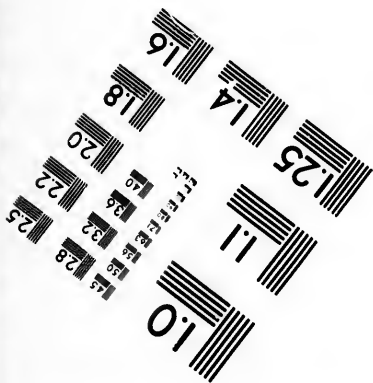
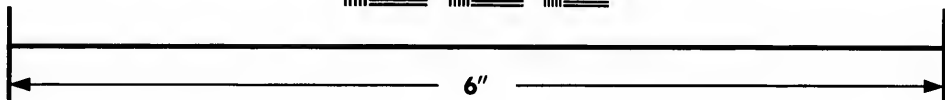
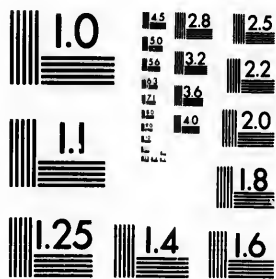


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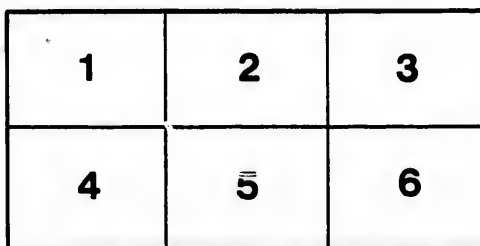
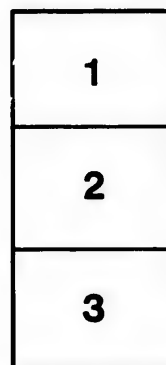
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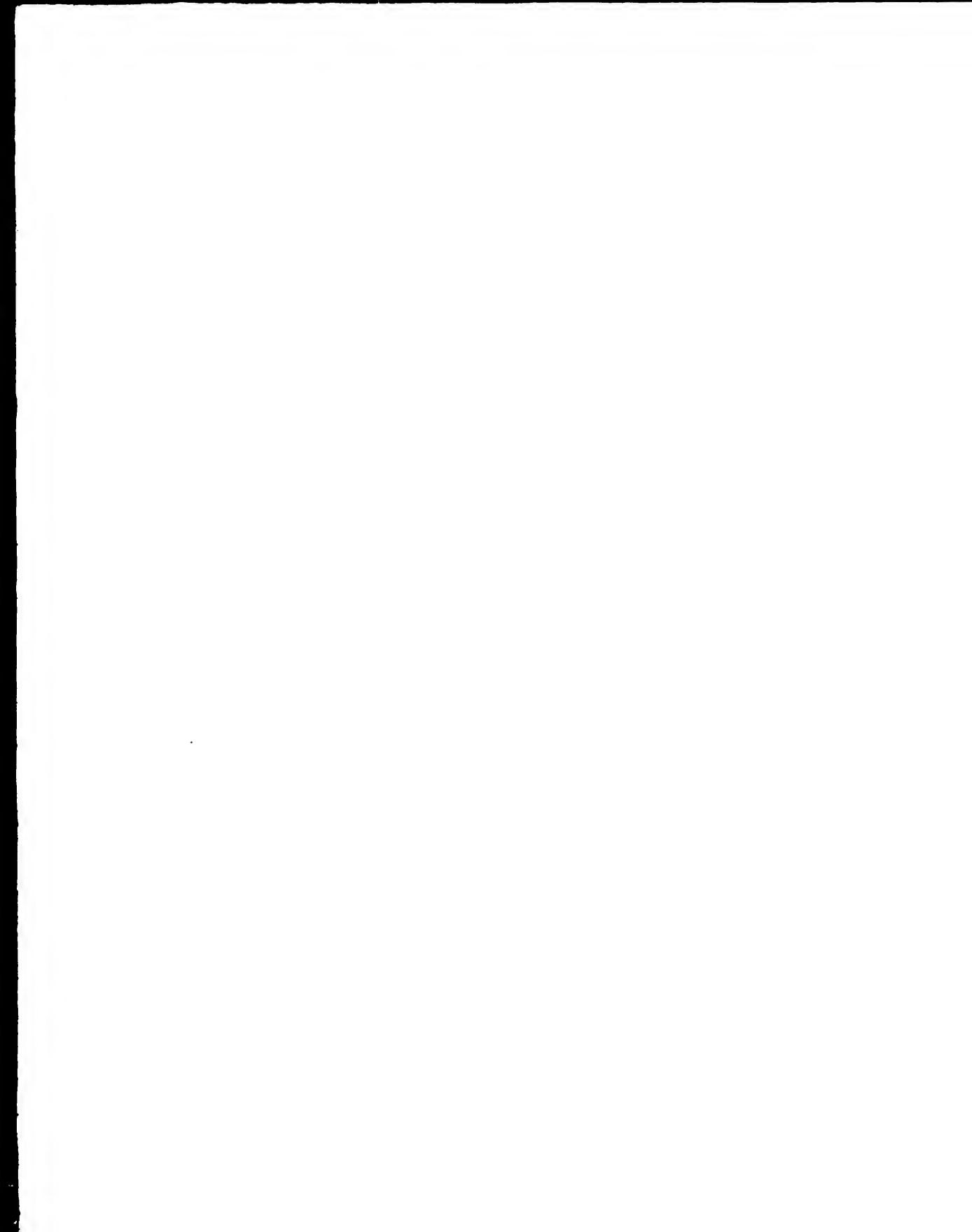
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CONGENITAL, BILATERAL, AND SYMMETRICALLY PLACED FISTULÆ OF THE LACHRYMAL SACS.

By CASEY A. WOOD, C.M., M.D., OF CHICAGO.

MANZ¹ considers it at least doubtful whether there is such a thing as congenital fistula of the sac, but, admitting its possibility would regard it as an arrest of development, an imperfect closure of the groove which, in the embryo, runs from the eye to the olfactory pit. De Wecker,² on the other hand, instances a number of cases from the writings of G. Beer, Scarpa, *et al.*, and says of them that the openings were all of the capillary variety; the lachrymal fluid did not discharge through the defect in its walls, except during crying, or when a gentle pressure was made over the region of the sac itself.

An example of "double lachrymal fistula (probably congenital)" is described by Hartridge,³ but few and imperfect details of the case are furnished. Agnew,⁴ however, gives us a more perfect picture of a three-year-old girl, entirely healthy, who had no other congenital defect, and had never shown any sign of inflammation in or about the eyes. On either side, immediately under the central portion of the *lig. palpeb. int.*, there was a capillary opening in the skin, from which discharged, especially after crying

¹ Graefe-Saemisch, *Handbuch der g. Augenheilkunde*, ii., 113.
² *Traité Complet d'Ophthalmologie*, iv., 1103.
³ *Trans. Oph. Soc. United Kingdom*, xii., 172.
⁴ A case of double, extremely minute, and apparently congenital lachrymal fistula. *Trans. Am. Oph. Soc.*, 1874, 209, 210.

Reprinted from the ARCHIVES OF OPHTHALMOLOGY, Vol. xxiii., No. 1, 1894.

1894

(sometimes spontaneously, sometimes on pressure), a small drop of transparent fluid.

I am able to add another case to the limited number described in literature.

A short time ago I was consulted by C. H. S., a gentleman aged thirty-five, who complained of no ocular symptoms except some indicative of accommodative asthenopia. While examining him for glasses, he called my attention to a couple of minute and faintly marked puckerings in the palpebral skin, and furnished me with the following history: When eighteen years of age (1876) he was studying law, and working very hard day and night. His eyes then became very weak, and, among other troubles, he noticed that tears remained in the inner corners of his eyes, especially of his left eye. He consulted Dr. Williams, of Cincinnati, who carefully examined the eyes, and discovered an abnormal opening into either tear sac. Under treatment by syringing out the sacs, probing, the use of glasses, and better care of the eyes, the lachrymation almost entirely ceased, returning only on driving in the wind, or on exposure during cold weather. This symptom has persisted to the present day, but is noticeable only when the patient overworks and does not get sufficient sleep. It is also liable to recur whilst driving against a cold wind.

A careful examination of the patient's eyes revealed a minute cicatricial point at the inferior edge of either lachrymal sac. On the right side it is slightly lower than on the left, but is in both situated about the same distance from the nose. A line drawn from the caruncle on each side to the central point of the corresponding upper lateral nasal cartilage, passes through this small mass of puckered scar tissue. The latter is distant from the caruncle about five *mm* on the left side, and about six *mm* on the right. I was able to pass a No. 1 Bowman's probe through a minute opening in the centre of the small scar into either sac. All the puncta and their canaliculi are quite pervious, and I satisfied myself that I could not squeeze any mucus out of either the normal or abnormal openings. As far as I could learn from the patient, he had not noticed any discharge from the unnatural openings: his trouble was mostly a true epiphora. There was absolutely no history from the patient's mother or himself of any inflammation, soreness, "boils," etc., about the eyes, shortly after birth or subsequently, diligent inquiry relative to these

matters having been made at the time of the discovery, by Dr. Williams, of the fistulae. Patient has hay fever, and was operated upon some years ago by Dr. Holbrook Curtis for its relief. I am inclined to attribute his occasional epiphora partly to the irritation set up by the nasal disease.

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