One month later, the vision had improved slightly to counting fingers at ten feet, and the retinopathy was less apparent, although definite pallor of each disc was noted. Examination two months after discontinuing the drug showed no change in vision, but less retinopathy and less pallor of the optic nerve head.

Four months later the vision rose to 20/200 in the left eye, but remained unchanged in the right eye. After five months, the disc still showed residual pallor although the vision had risen to 20/50 right eye, and 20/40 left eye.

Nearly six months after the initial evaluation, the vision was 20/40+ bilaterally, minimal optic nerve pallor was present, and no evidence of retinopathy was seen. No change was seen on subsequent examinations.

The respiratory symptoms have continued to progress in severity.

Case 2.—This 17-year-old white girl was said to be free of symptoms until the age of 9 years. A diagnosis of cystic fibrosis was made at the age of 13 in another hospital, was confirmed here (same basis as in case 1), and she has been followed here for most of the last four years. She has had advanced changes of cystic fibrosis with severe diffuse lung changes, marked clubbing, and exercise limitation throughout that time. In the past two years she has been intermittently febrile and cyanotic.

Initially, treatment consisted of pancreatic extract, vitamins, postural drainage, a nighttime mist tent and tetracycline.

There was some improvement on this regimen. She then moved from the city and when next seen in July 1963 at the age of 15, she was worse. Sodium oxacillin was begun (750 mg/day), but she did not improve, and after two months, chloramphenicol in a dose of 1.5 gm/day (49 mg/kg) was added. Some improvement followed and these medications were continued for the next 16 months. At this time she complained of photophobia, and chloramphenicol was discontinued and oxacillin continued. Her glasses had been changed by a local optometrist midway in this 16-month period.

She was referred to the ophthalmologist following the inability of her optometrist to improve vision above the level of 20/60. The patient had noted a slow decrease in central vision over the three months preceding her ophthalmologic evaluation.

Examination showed a marked reduction in vision to counting fingers at ten feet with a myopic correction in each eye. The remainder of her examination, except for a 12° central scotoma (to a 2 mm white test object at 1,000 mm), was normal. The condition of the retinal vessels and optic nerve head was physiologic.

When the patient was reexamined on March 1, 1965, the vision was 20/50— in the right eye and 20/40— in the left eye. Ophthalmoscopy was again normal.