Arthur Gloor (1869-1954)

Arthur Gloor in his best years

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Arthur Gloor: A half century of ophthalmology in daily practice and in a city hospital in the first half of the 20th century (1899 – 1954)

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Summary: Dr. Arthur Gloor (1869-1954) got his MD in 1892, and was trained in Surgery, Internal Medicine and under Carl Mellinger (1858-1917) in Ophthalmology from 1892 to 1899 in Basle. From 1899 to 1954, he practiced ophthalmology in his own office and as head of a small department in a state hospital in Solothurn, the capital of the canton of Solothurn in the Swiss confederation. Together with Jules Gonin, he was one of the founding members of the Swiss Ophthalmological Society in 1908.

The examples show the diseases and treatments that differ most from our present time and their impact on the patients. These were cataract surgery, treatment of injuries, membranous conjunctivitis (or conjunctivitis crouposa, i.e. diphtheritic conjunctivitis), phlyctenular keratoconjunctivitis and tuberculosis, ulcers of the cornea, retinal detachment and retinitis albuminurica. The ophthalmology of this period was characterized by insufficient drugs, many of them derivatives of mercury, a lack of antibiotics, steroids, and of drugs against hypertonia, needles and suture material not fine enough to close corneal perforations and the wounds after cataract extractions, and long bed rest after surgery with severe consequences.

The patients' histories contain comments reaching far beyond the realms of ophthalmology. They reflect not only the character of daily ophthalmology practice during the first half of the 20th century, but are also a source of the social history of the city and canton of Solothurn and the personal life story of the ophthalmologist.

Introduction

Arthur Gloor practiced ophthalmology during the entire first half of the 20th century, from 1899 to 1954. This paper presents some results of the study and reappraisal of the collections from his ophthalmological practice as archived in the Central Library of Solothurn, the library of the Swiss canton of Solothurn [see References: «sources»].

What are the features of this collection?
These are:
- Its completeness from 1899 through 1954 and its uniqueness
- 67 volumes of medical histories of 45,219 patients, numbered 1 through 45,219 (Fig. 1)
- Meticulous medical records

Innumerable drawings in the charts and on single sheets
- Statistical analyses of diagnoses and surgery
- Local history, family history and autobiographic notes

This article confines itself to a small part of the existing material:

1) a short biography of Arthur Gloor,

2) the number of patients examined over the period 1900-1954,

3) examples of diseases no longer seen and of changes in therapies, and

4) some representative drawings and portraits.

The article leaves out:
1) what could be an atlas of the entire realm of practical ophthalmology from 1900 to 1950,
2) the results of the statistical analysis of the entire wealth of patient material, and 3) the local history of the city and the canton of Solothurn.

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Fig. 1: 28 of the 67 "Diaria" of Arthur Gloor's patient-records as stored in the Central Library of Solothurn. Each volume contains 500 pages of medical records.

Fig. 3: The City hospital of Solothurn in its extension from 1800 until 1930. There Arthur Gloor worked as elected chief of a small department of Ophthalmology, until the entire city hospital was moved into a new hospital complex, where the eye department got its own building.

Fig. 4: In 1905, Arthur Gloor moved his practice and his family into this huge house on the same street as the city hall («Rathausgasse 17»), which was built before 1538. Behind is the Renaissance city hall, and on the right the armory («Zeughaus»)

Biography of A. Gloor

Born as the son of a teacher in 1869 in the small city of Zofingen, Arthur Gloor lived from 1878 onward in Basle, where he went to college and medical school between 1888 and 1892. Friedrich Miescher II (1844-1895), the discoverer of DNA [3]. was among his teachers. He got extensive surgical training on duty following the most disastrous railroad accident in Switzerland 1891 (where 73 died and 172 were wounded). In 1892, aged 23, he passed his final examination and wrote his MD thesis under Heinrich Schiess (1833-1914), the first Professor of Ophthalmology in Basle (1867-1896). Subsequently, he completed 3 years of residency in internal medicine under Prof. Rudolf Massini (1845-1902) and 3 years of residency in Ophthalmology under Prof. Karl Mellinger (1858-1917). Fig. 2 shows him at the age he married Fanny Largiadèr, a schoolteacher, and when he opened his own practice in Solothurn 1899, where he ploughed a lonely furrow in his practice for 20 years.

Fig. 2: Arthur Gloor at the time he married Fanny Largiadèr and opened his practice in 1899

On March 9, 1904 he was appointed "Ophthalmologist of the city hospital of Solothurn" (Fig. 3). He also administered anaesthesia for general surgery.

In 1905, he moved his practice and family into a huge 16th century house in Rathausgasse 17 (Fig. 4.)

In 1908 he was one of the eight founding members of the Swiss Ophthalmological Society, among them Jules Gonin (1870-1935); Gloor became an honorary member of the Society in 1953. From 1914 through 1918, he served for long periods in the military with the rank of captain. In

1920, a second Ophthalmologist opened a practice in Solothurn: Dr. Walter Schnyder (b. 1892), of the eponym Schnyder's corneal dystrophy!.

In 1922, Gloor purchased one of the first Zeiss slit lamps and instructed slit lamp biomicroscopy at courses run by his friend Alfred Vogt (1879-1943) in Zurich.

In 1927, he referred a patient with a retinal detachment to Gonin in Lausanne.

In 1933 he performed retinal surgery himself (unsuccessfully); from then on he referred all detachments to Vogt, and later to Marc Amsler (1891-1968) in Zurich.

In 1938, on June 1, he wrote "Vogt extracted the cataract of my right eye."

In 1938, together with Franz Della Casa Sr., Knapp and Schnyder from Switzerland along with Barkan from San Francisco, he "resigned voluntarily from membership of the German Society of Ophthalmology (DOG)".

From 1939 to 1945, Gloor headed the eye department of the military hospital in Interlaken for many months (aged between 70 and 76 years old!) during World War II. In 1941, his wife died and he retired from his position at the city hospital (72 years old) [4].

In 1942 he noted: "Vogt extracted the cataract in my left eye" followed by an acute infection "that my colleague Schnyder had to enucleate the eye to save the first operated eye (fear of sympathetic ophthalmia)".

From 1952 onward, he practiced only half-days until he passed away at age 85 in 1954 on November 22nd.

Patient statistics

Fig. 5. shows the number of patients seen: Total and new patients, and office visits per year (calculated) in five year intervals. Because of World War I and then especially the fact that a second ophthalmologist, Dr. Walter Schnyder, opened his practice in 1920 in a region 70,000 habitants – 10,000 in the city itself and around 60,000 in the surrounding area – the number of patients and consultations dropped considerably.
Thus, the rise in the number of patients in the 1940s is astonishing: by then A. Gloor was over 70 years old. One of the reasons is the fact that he had no longer to work at the hospit*al*.

Primary differences in daily ophthalmology between 1900 - 1950 and today

In the following section, this article concentrates on the main differences between 1900-1950 and today, especially regarding: injuries, cataract surgery, conjunctivitis diphtheritica (crouposa), conjunctivitis and phlyctenular keratoconjunctivitis with tuberculosis, corneal ulcers with hypopyon, retinal detachment, albuminuric retinitis.

Injuries

In the totality of patients seen the mean share of accidents over the entire observation period is 18% (Fig 6); when it comes to the cornea the mean goes up to 67% (Fig. 7), mainly caused by metallic foreign bodies. Solothurn and its surroundings had and still have important mechanical engineering industries, producing heavy metals and watches.

In 1912 a law was passed making national accident insurance obligatory. Prevention using compulsory prescribed protective goggles brought about a constant reduction of eye injuries over the years. but for the cornea, the share of injuries remained more than 50 percent (Fig. 7).

Injuries of the cornea and the anterior segment are shown in the following drawings... Fig. 8 shows an iron splinter, partially perforating the cornea, its point leading to a distortion of the pupil. Gloor not only drew the splinters, he measured them exactly. Fig 9 shows aphakia with secondary-cataract that followed a deep transcorneal perforation . Observe the disc as seen through the gap in the posterior capsule!

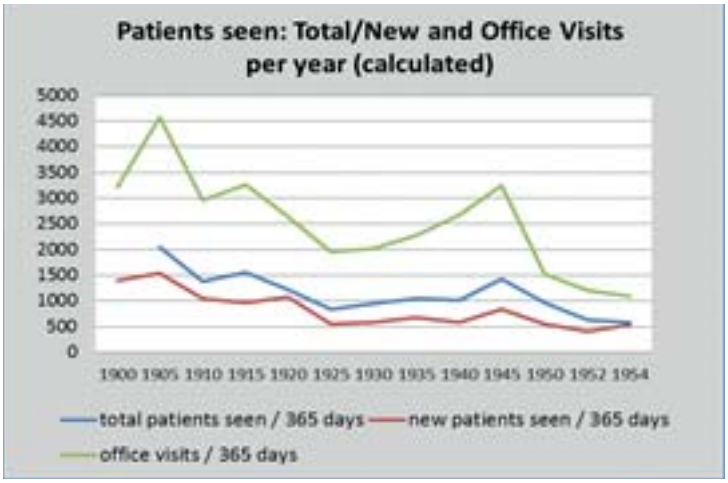

Fig. 5: Patients seen from 1900 to 1954. The blue line shows all patients seen, the red line the fraction of new patients and the green line the number of office visits. Each patient averaged about two and one half visits.

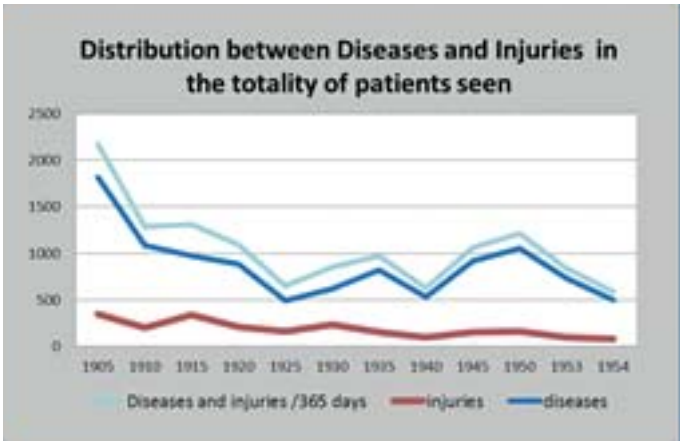

Fig. 6: Distribution between patients with diseases and injuries seen in the practice. The fraction of injuries decreased considerably from 1904 to 1954 considerably.

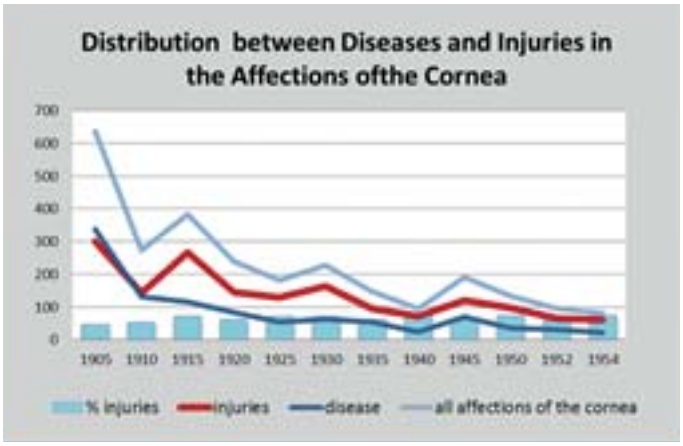

Fig. 7: Distribution between diseases and injuries in the affections of the cornea. Injuries dominate during the entire period from 1904 to 1954.

Fig. 8: An iron splinter, partially perforating the cornea

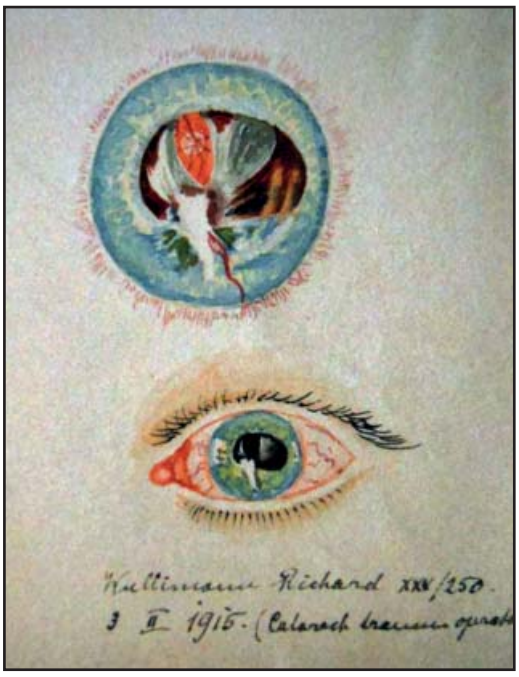

Fig. 9: Aphakia with secondary-cataract that followed a deep transcorneal perforation

Fig. 11a shows a fracture of the cranium after a fall, as seen in 1909. The globe was not injured. Gloor, well trained in general and emergency surgery, examined the orbital region and fixated the bones (fig 11b).

Injuries of the cornea caused by foreign bodies were often followed by hypopyon keratitis (fig. 12) and were a severe threat to the eye. Local therapy with atropine, cocaine, adrenalin, and subconjunctival saline, phenacetin 0.5 against pain, was followed by repeated linear cauterization, eventually repeated splitting of the ulcer and evacuation of the hypopyon. This was "textbook teaching" until World War II ([2, p, 433]; [5, p.67]; [13, p.404]; [7, p. 179, p 193]). Frequently, enucleation was unavoidable, but it could not be performed if the patient refused to come to the hospital because he feared the costs, as in the case presented here.

Cataract surgery

Basically, there were two types of cataract surgery: linear and flap extraction.

1. *"Linear extraction" by an incision with a keratome*, as depicted in fig. 13 In these cases, an iridectomy following the method suggested by Carl Förster (1825-1902) was performed preoperatively. The instruments were sterilized in carbolic acid, the keratome in alcohol. A small incision was made with the keratome perpendicular to the tangent at the limb. The point of the keratome was directed toward some distance above the middle of the pupil, followed by massage of the lens with the rubber spoon. At the end of surgery, a dressing with sublimate ($HgCl_2$) was applied. The fees at those time were Swiss francs 10.- (~ $ 2) for the surgery, Swiss francs 5.-(~ $ 1) for the follow-up visits.

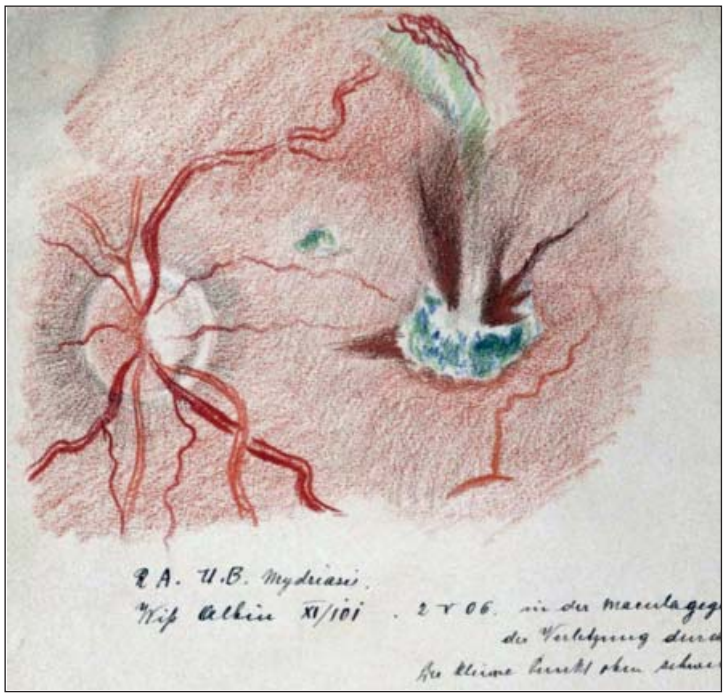

Fig. 10a: Perforation by an iron foreign body
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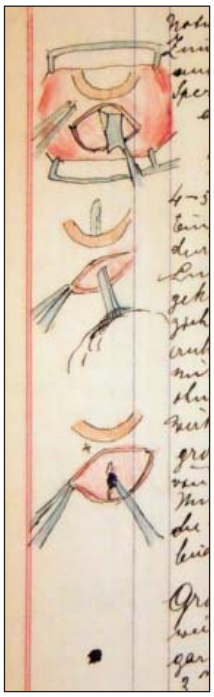


Fig. 10b :Extraction of the foreign body by a magnet→

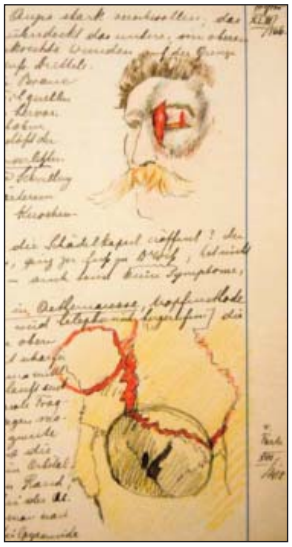


Fig. 11a: Fracture of the cranium after a fall

Fig, 11b: Surgical fixation of the frontal bone

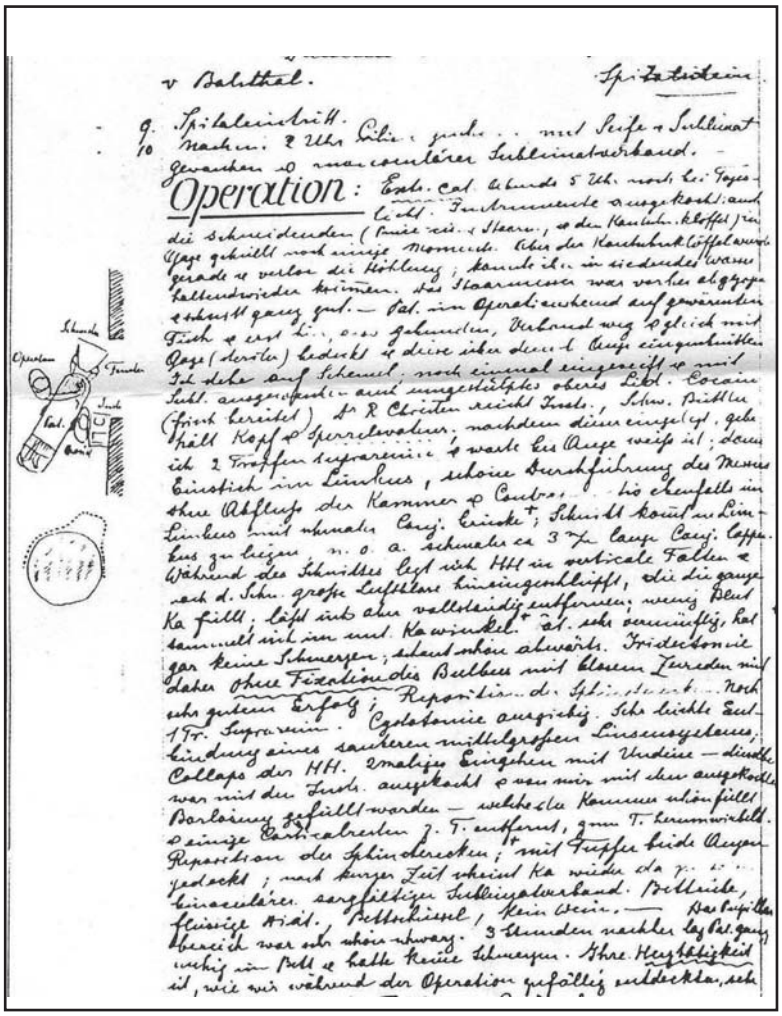
Fig. 12: Foreign body in the cornea followed by hypopyon keratitis

2. "Flap-Extraction" with the Graefe knife

The surgical report reads as follows: "Cocaine… 2 drops of suprarenin & wait until the eye is white, then puncture at the limb, nice passage of the knife without loss of the AC (fig15)…iridectomy…, extensive cystotomy … easy delivery of a clean medium sized lens system; collapse of the cornea: lavage twice with the undine [irrigation device], that fills the chamber nicely… some cortical remnants are removed … reposition of the edges of the sphincter; … chamber present after a short period of time… sublimate (HgCl2) dressing, bed rest, fluid diet, no wine….". Fig 15 illustrates the flap extraction, fig. 16 shows an undisturbed red reflex of the fundus of the eye as a final result.

Without any doubt, cataract surgery was a tightrope walk! In flap extraction, the lack of adequate suture material meant that wound closure was left to run its natural course. Bed rest, and binocular dressing could not prevent prolapse of the Iris in up to 20% of cases, infection, sympathetic oph-

Fig. 13: "Linear extraction" of the cataract by incision with the keratome



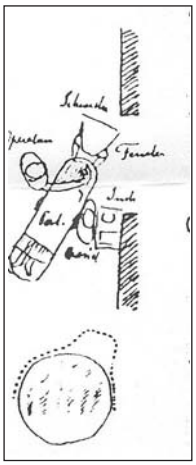


Fig. 14a+14b: The entire surgical report of a "Flap extraction" with Graefe knife. The sketch at the margin explains the situation at surgery (magnified in fig. 14 b): Surgery is performed in daylight, the operation table is positioned as close to the window as possible: The assistant who passes the instruments is squeezed between the operating table and the instrument table. The nurse, a nun, is holding the patient's head. The nun's head is covered by a huge veil. The surgeon, ready to do the cut with the Graefe knife into the left eye, stays on the right-hand side of the patient.

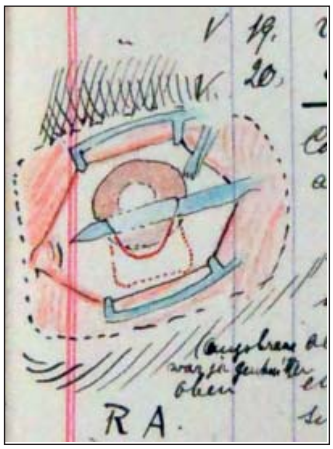


Fig. 15: Flap extraction with the Graefe knife.

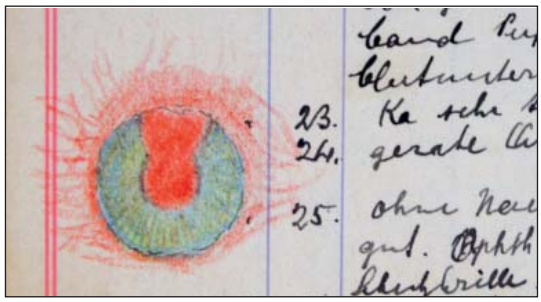


Fig. 16:: Undisturbed red reflex after successful extracapsular cataract extraction.

Fig. 17: Conjunctivitis crouposa diphtherica.

Fig. 18: Phlyctenular conjunctivitis.

thalmia could follow. The dangers of bed rest were thrombosis and embolism.

Conjunctivitis crouposa (diphtherica), today extremely rare, was frequent and life-threatening back then. Children were affected at the end of the first year of life as well as in later years, frequently after measles. The eyelids became hard like a board (fig 17). Therapy consisted of compresses with sublimate ($HgCl_2$), antidiphtheric serum injected locally into the lids, 1-2x 500-1000 units, a very low dosage compared to the 20'000 - 40'000 and up to 100'000 units of human hyperimmunoglubulin, as applied locally and intravenously today. Bacteriological examination was done by the ophthalmologist himself.

Phlyctenular conjunctivitis and keratoconjunctivitis

as shown in fig.18 were extremely frequent. As banal as this appears, the hidden threat of tuberculosis always lurked behind them, as appears in the text of the patient's chart of an eleven-year-old girl, portrayed in fig.19: "The father died 6 years before, because he had tuberculosis, one brother is in Davos at the time, one sister died at 18 years of tuberculosis".The therapeutic expenditure to combat phlyctenular conjunctivitis was enormous, and may have consisted in daily

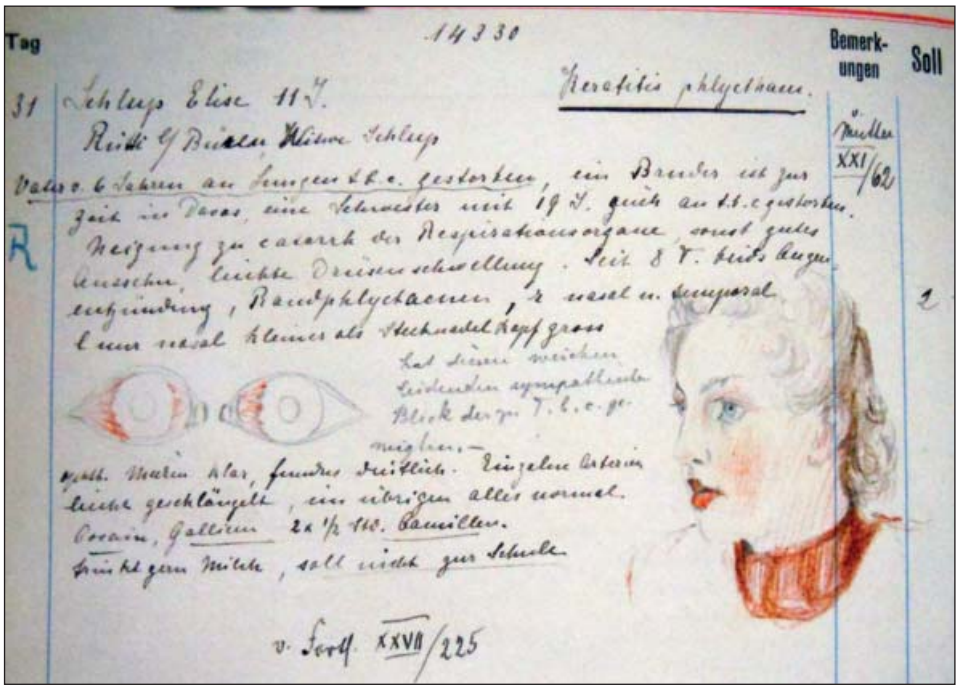


Fig. 19 : The etiology of phlyctenular conjunctivitis was frequently tuberculosis.

Fig. 20 :Tuberculous granuloma in the chamber angle.

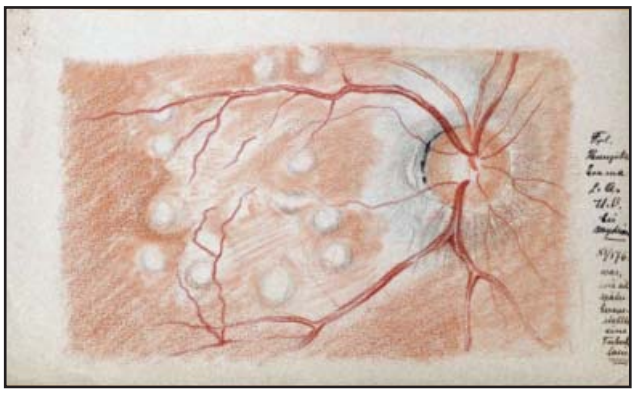


Fig. 21: Miliary tuberculosis of the choroid.

sessions in the office or home visits applying local compresses with chamomile, boric acid, gallicin [methyl gallate], sublimate, white precipitate ointment, supported by a general therapy with malt extracts, cod-liver oil, iodine, iron, arsenic and quinine preparations [7, p.114].

Many children spent weeks or even months in hospitals and sanatoriums - a heavy intervention in the life of the child and the parents indeed! The prognosis was good if only the conjunctiva was affected. If the cornea was involved, the remaining maculae corneae could lead to considerable depression of the visual acuity. The severest complication was perforation. The disease was always considered to be connected to tuberculosis, at least as a concomitant disease, although mycobacterium tuberculosis could never be detected in the lesions**.** Today, although the disease is considered as hypersensitivity response to staphylococcus antigens, an exclusion of tuberculosis still remains mandatory [12, p. 1-19].

In those times, tuberculosis was omnipresent, with typical tuberculous granuloma, as shown in fig. 20. in the chamber angle and at the pupillary margin in tuberculous iritis and as miliary dispersion in the choroid in miliary tuberculosis (fig.21). A. Gloor's comment: "It was, as it turned out later, a proven tuberculosis".

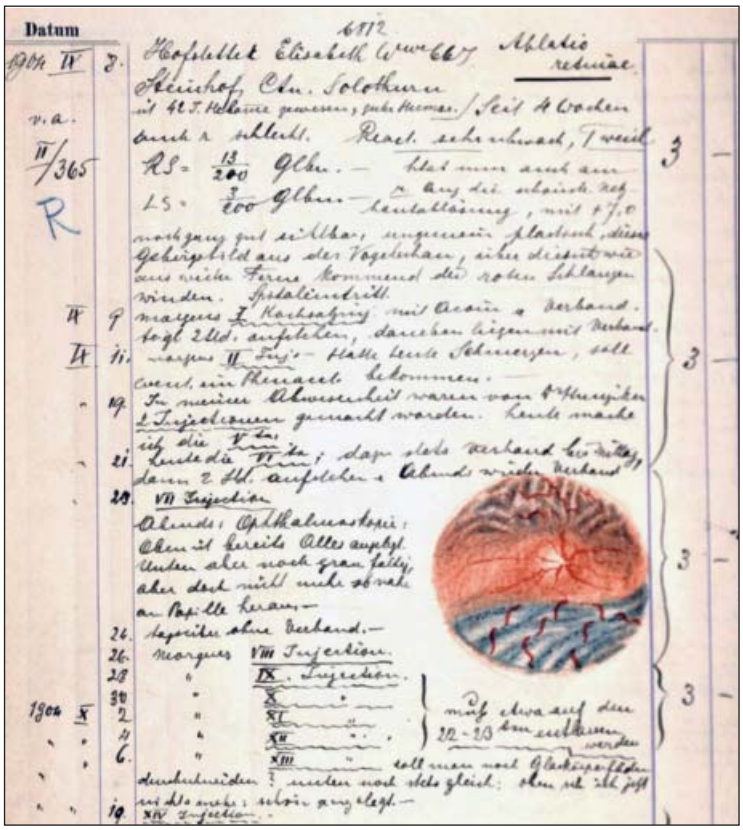


Fig. 22: "Birds-eye view" of long-standing retinal detachment, as observed in 1904.

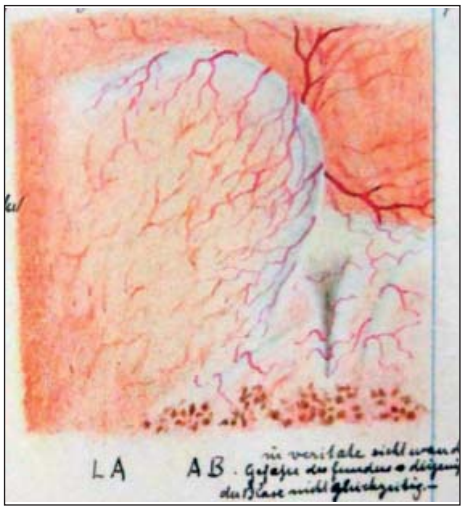


Fig. 23a: Echinococcus as cause of a retinal detachment?

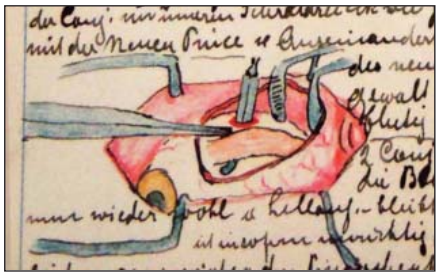


Fig. 23b: Drainage of the subretinal fluid.

rational therapy with attempts to close the retinal tears as inaugurated by Gonin around 1922-1935 [8]. In fig. 22 Gloor describes in 1904 a 66-year-old woman: "On her right eye the most beautiful retinal detachment …very vivid**,** like a birds-eye view on the Alps, over which the vessels coming from afar spread like serpents". What was beautiful for the doctor was not as pleasant for the patient. The therapy with peribulbar injections of NaCl 5% could not prevent the complete loss of sight.

In a retinal detachment observed in 1912, Gloor suspected an echinococcus as the cause (fig. 23a). Surgical drainage (fig.23b) followed unsuccessful treatment with peribulbar saline injections over several months, but could not effect a turnaround.

By 1927, the situation had changed. When Gloor found a retinal detachment in a highly myopic 20-year-old woman, he asked himself: "Should I refer her to Gonin?" (Which he did.) When the lady came back three months later, the retina was still detached. Interestingly, Gloor noted that "Gonin never examined her with the slit lamp"! But examination by slit lamp would not have helped in this case either. Gloor started administering saline injections again.

In 1933, Gloor had found the tear in a retinal detachment after long hours of

Retinal detachment

The cases observed by A. Gloor reflect the progress from a hopeless situation with bedrest and innumerable saline injections, as recommended by Dor [6] at the beginning of the century to the advent of a

searching (as recommended by Amsler [1]) (fig.24). In those days, the Gonin procedure was established and Gonin did not hesitate to recommend to his colleagues to perform the procedure on their own [9]). So Gloor continued, localized the tear and punctured. When the detachment remained, he referred the patient to his friend Alfred Vogt in Zurich. From this time onward, he referred all detachments to Vogt, and later to Amsler. Retinal detachment surgery became the first and only type of surgery in the region of the eye and orbit he did not perform himself.

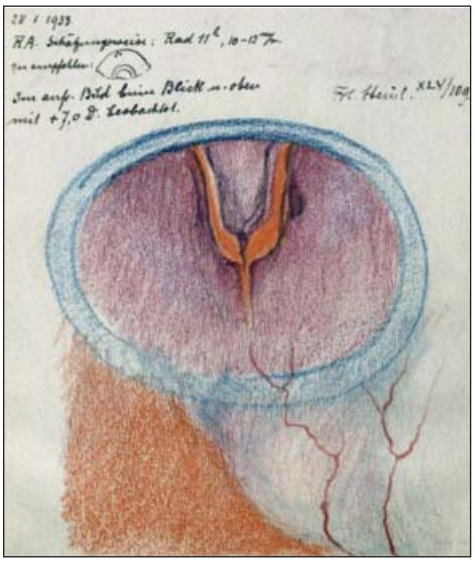


Fig. 24: Retinal detachment with horseshoe tear. Gloor tried the "Gonin procedure".

Neuroretinitis albuminurica (Bright's disease; malignant hypertension) Neuroretintis albuminurica, as seen with kidney disease and albuminuria, remained a herald of death in the first half of the 20th century until effective drugs to treat malignant hypertension became available after World War II. The findings in the fundus of the eye immediately reveal the gravity of the situation, and the accompanying text shows the unforeseen tragedy the patients are faced with as shown in the two following case reports.

Fig. 25: Neuroretintis albuminurica in a 45-year-old woman.

When Gloor recognized in the fundus of the eye of a 45-year-old woman the typical star figure in the macula together with ischemic papilledema, narrowed vessels and haemorrhages (fig. 25), he advised immediate hospitalization (July 6, 1925), but the patient pretended "to have a lot of laundry to do tomorrow". Four months later (December 5, 1925) followed the note "Sunday evening 19:30 † (death) in the hospital, after 2 days of unconsciousness – in the delivery room".

The comments to the next figure (fig. 26) read as follows "Hurriedly made sketch from memory from a fresh retinitis albuminurica in a 22-year-old woman, who delivered 14 days ago (child one month too early, not viable). Woman always healthy, believes not to be ill, only the 'fog' is inconvenient. 1% Albumin in the urine" and then "Patient died 1 ½ years later".

Patient portraits

Gloor's interest in his patients went far beyond their eye diseases. It included their general health, their personality and character, their surroundings and position in the social and political fabric of the country. This is reflected in innumerable small portraits and comments in the patients' records. A few examples may illustrate this kind of drawing.

The (Catholic) bishop of Basle, resid-

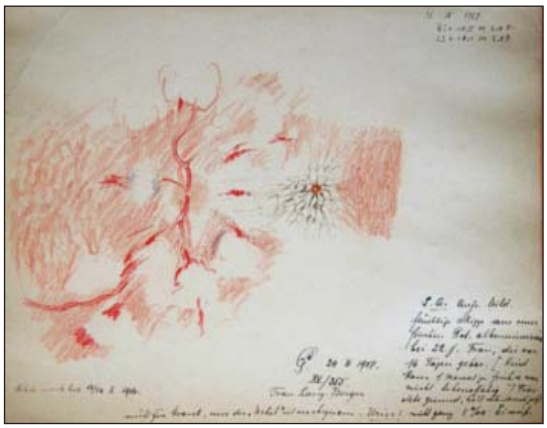


Fig. 26: Neuroretintis albuminurica in a 22-year-old woman, 14 days after child-birth.

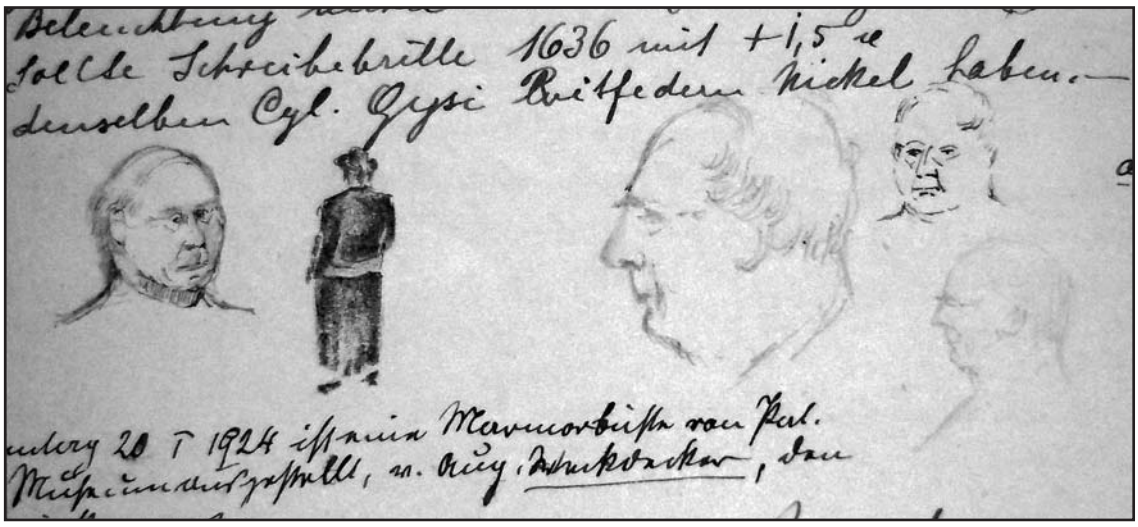


Fig. 27: Portrait of the Catholic bishop of Basle, residing in Solothurn.

ing in Solothurn, was portrayed (Fig. 27): "A very learned doctor of theology." In contrast to this appears an old tramp ("clochard"), who always reminded Gloor of Darwin's evolution theories (Fig. 28).

Fig. 29 shows the portrait of Colonel Hammer, one year before the colonel died from cancer of the thyroid, a man who had climbed up to the highest political ranks of Switzerland when he became a minister (Bundesrat) and President of Switzerland. Gloor commented "Face of an old lion, demands a 'pince-nez' without any luxury" - the president of Switzerland demands no luxury.

Among the patients portrayed was also this French lady, depicted in Fig. 30, nursing her baby during the consultation. The baby had a purulent conjunctivitis. The bandaged little girl in fig 31 suffered from an insect bite. This was Gloor's, daughter Vreneli, who became an organist and pianist and taught almost two generations of pupils at the conservatory of Solothurn. Next to Fig. 32 Gloor notes: "A dignified gentleman, a civil servant, who now goes to the pub to booze". And finally, fig. 33 "How one goes to church in Solothurn in 1927"

Closing remarks

The essential difference between ophthalmology in the first and the second half of the 20th century does not lie in the quality of the observation and documentation of the findings. The ophthalmologists of those

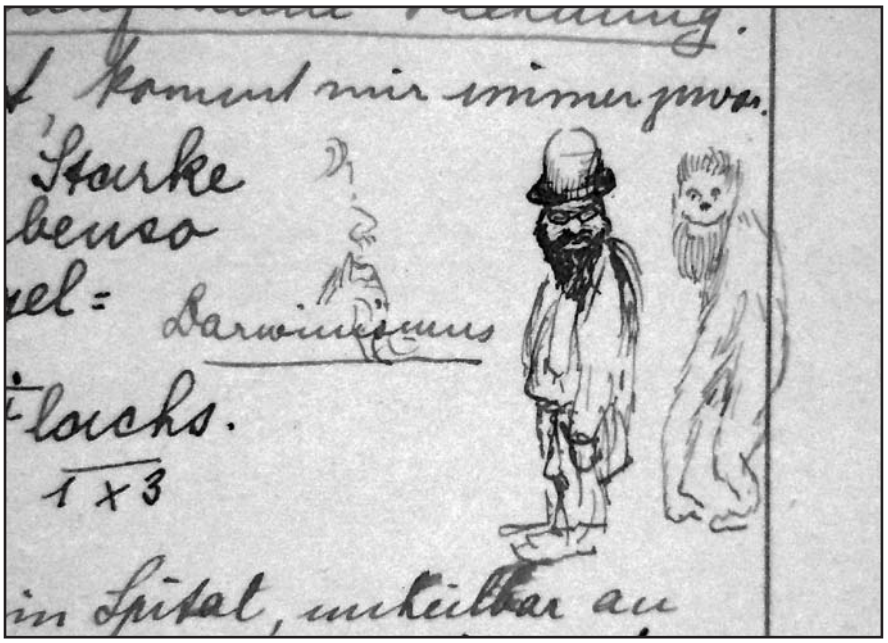


Fig. 28: Portrait of an old tramp, reminding Arthur Gloor of Darwin's evolution theory.

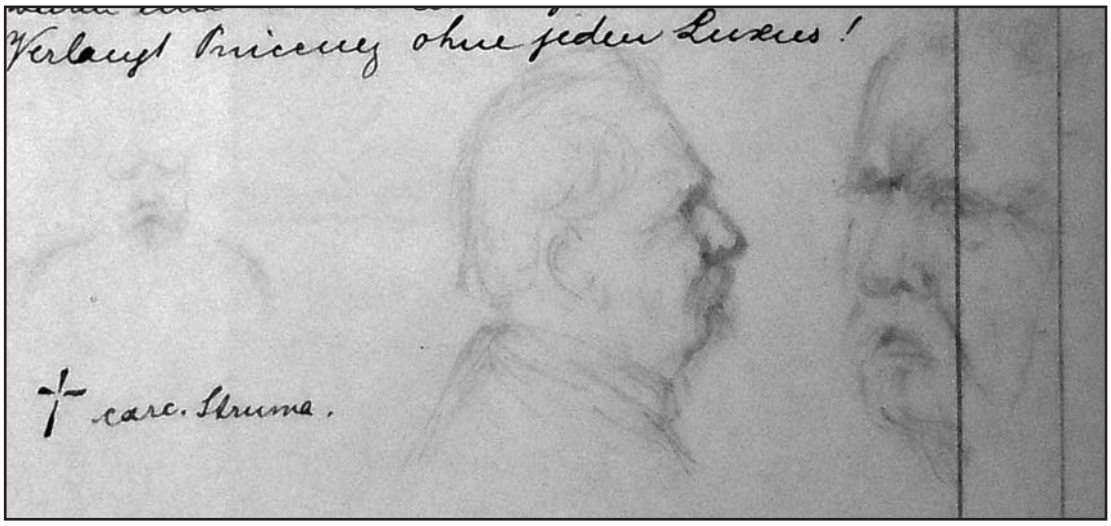


Fig. 29: Portrait of Colonel Hammer «face of an old lion». Hammer has been one of the most influential politicians of Switzerland.

Fig. 30: :A French lady, nursing her baby during consultation.

Fig. 31.
Arthur Gloor's daughter Vreneli.

times observed the alterations of the structures of the eye just as well as we ophthalmologists who were born later. They classified the disease processes in an almost identical manner to our current methods. What also distinguishes Arthur Gloor's diaries from the ones from the clinics of the university eye departments is the volume and the quality of his drawings, pointing out the essentials of a disease process much better than just photographs can. Drawing the findings forced Gloor to make exact observations. His pictures allow us to conclude that he had extraordinary skills in direct and especially in

Fig. 32: "A dignified gentleman who goes to the pub to booze!"

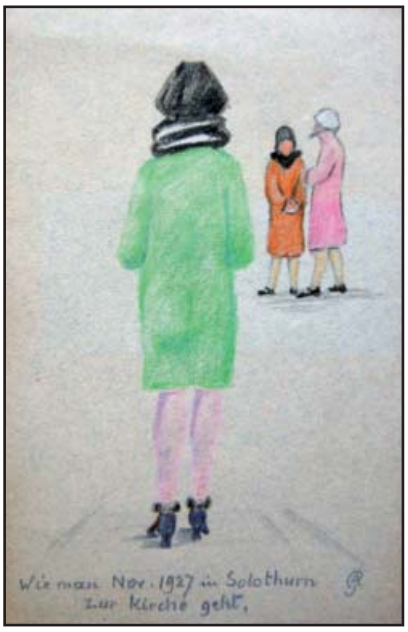


Fig. 33: "How one goes to church in Solothurn in 1827 →"

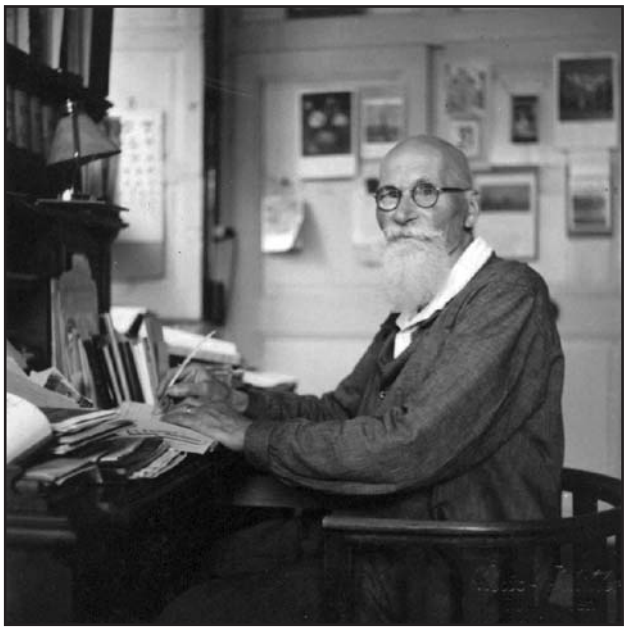


Fig. 34: Arthur Gloor in his eighties, sitting at the desk of his office, writing with the goose-quill. The right eye is his only eye. He lost the left after cataract surgery.

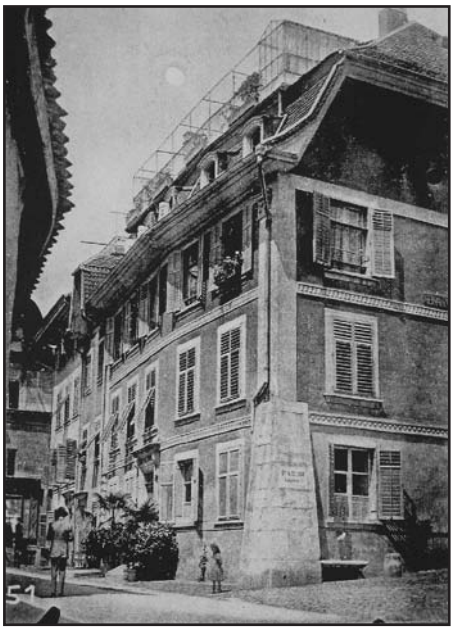


Fig. 35: Another view of the house

indirect ophthalmoscopy. From 1922 on he worked with the Zeiss slit lamp and taught slit lamp biomicroscopy in the courses organized by his friend Alfred Vogt in Zurich. Although the slit lamp brought about epoch-making improvements in diagnostics, it had really no great influence on therapy, until the combination with contact lenses came into use, especially gonioscopy. Gonioscopy allowed ophthalmologists to differentiate between primary open angle and pupillary block glaucoma, with important consequences regarding therapy. In the therapy of eye diseases, there was only one very big step forward before World War II: this was Gonin's finding that in the majority of cases, retinal detachment was caused by retinal breaks and that the breaks had to be

closed. With mercury-based antiseptics, iodide preparations and serum against diphtheria, doctors back then were not completely helpless against infectious disease. But the turnaround only came after World War II, when antibiotics, corticosteroids and immunosuppressive drugs and very fine suture material became available. Then eye disease assumed a completely different aspect.

While it seems to us that ophthalmology must have been frustrating for the ophthalmologists of the first half of the 20th century, that was not really the case. Compared to other specialities, ophthalmology was in a comfortable position. The ophthalmologists of these times performed successful cataract surgery under difficult conditions, they performed excellent lid, lacrimal, orbital and strabismus surgery, they removed countless corneal and intraocular foreign bodies, treated many injuries quite successfully, as well as glaucoma and several inflammatory diseases. When we look at the textbooks, they may have had many therapeutic methods that may appear obsolete to us – but how much is already outdated of what seemed rational as recently as 2000? And they performed excellent refractions and made thousands of patients happy with the glasses they prescribed.

To conclude this review of selected patient histories and disease processes that we mostly no longer see in the presented form, Arthur Gloor is shown in his office (Fig.34, p.247) in the basement of his huge house (Fig.4) as I experienced him growing up on the fourth floor and getting chocolates from him when I stood on the stone bench (Fig. 35, p.247) and knocked on the window of the room where he saw his patients when I came home from kindergarten; and years later, when I visited him when I was a medical student. When I had passed the first propaedeutic examination, the *Physicum*, I received a great gift from him, Heisters "*Chirurgia*" and when I had past the *Anatomicum* only six months before his death, he gave me Morgangni's *Adversaria Anatomica*, which triggered my interest in history of medicine.

Sources

A At the Zentralbibliothek Solothurn " Nachlass Dr. Arthur Gloor ": This consists of 67 Yearbooks ("Diarien") in volumes I – LXVII from 1899 to 1954, containing in about 30,260 pages the medical records of 45,319 patients. Not yet classified are approximately 700 drawings on single sheets and in exercise books, manuscripts, letters etc.

B. In private property of the author (B.G.): drawings, photographs, letters, a handwritten CV, and more.

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Addenda
A Selection of Further Interesting Illustrations from Arthur Gloor´s Diary.

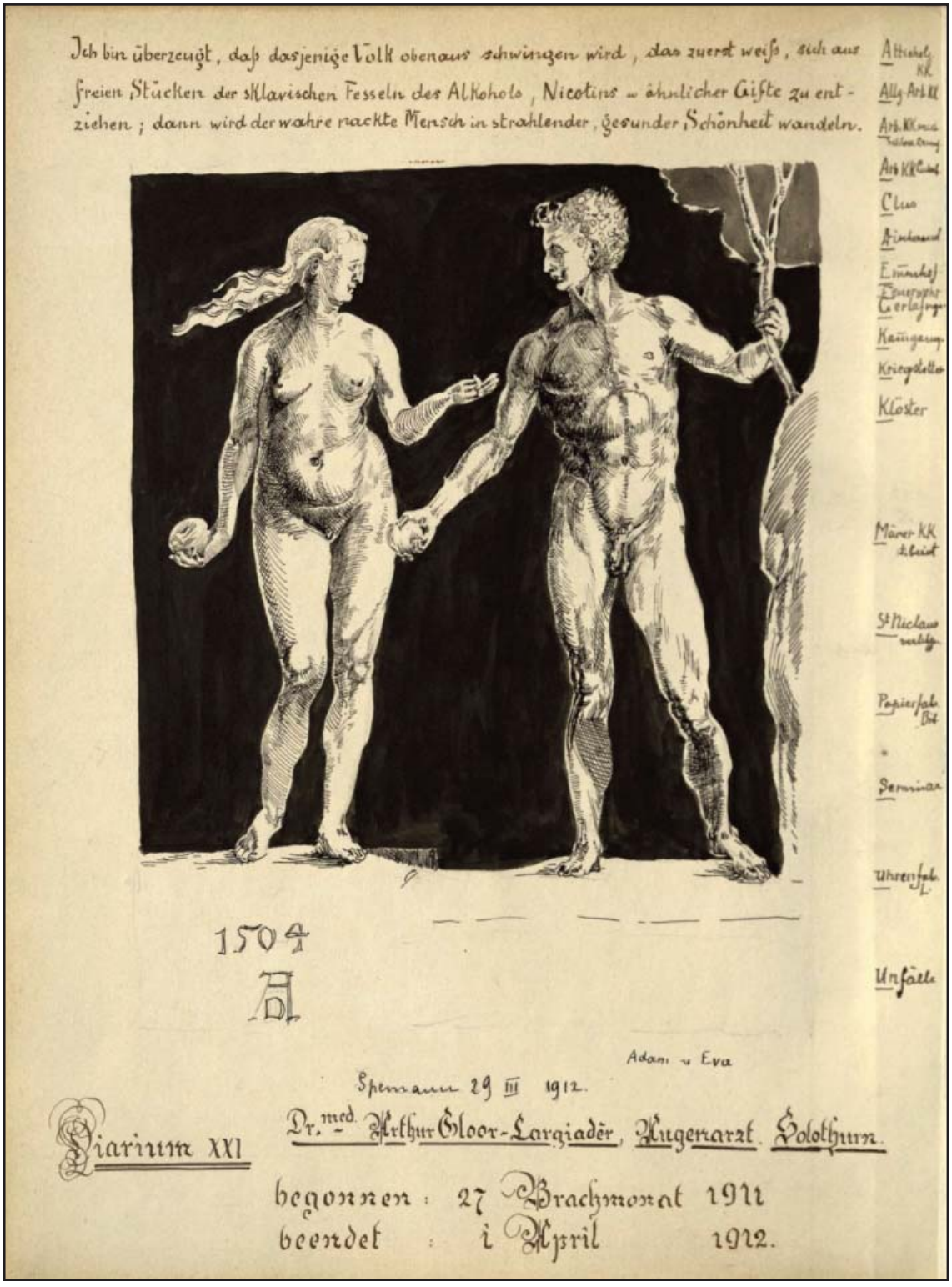


Fig. b1: This is he first page in the Diarium XXI, started June 27th, finished April 1st 1912.Arthur Gloor always took his time, to begin a new Diarium with drawing, sometimes also portraying his whole Family. Above of his own drawing after Dürer´s Adam & Eve Gloor wrote: I am convinced that the people who first knows how to free themselves from the slavish grip by alcohol, by nicotine and by similar poisons, will show the real, the naked human, in radiant and healthy beauty.

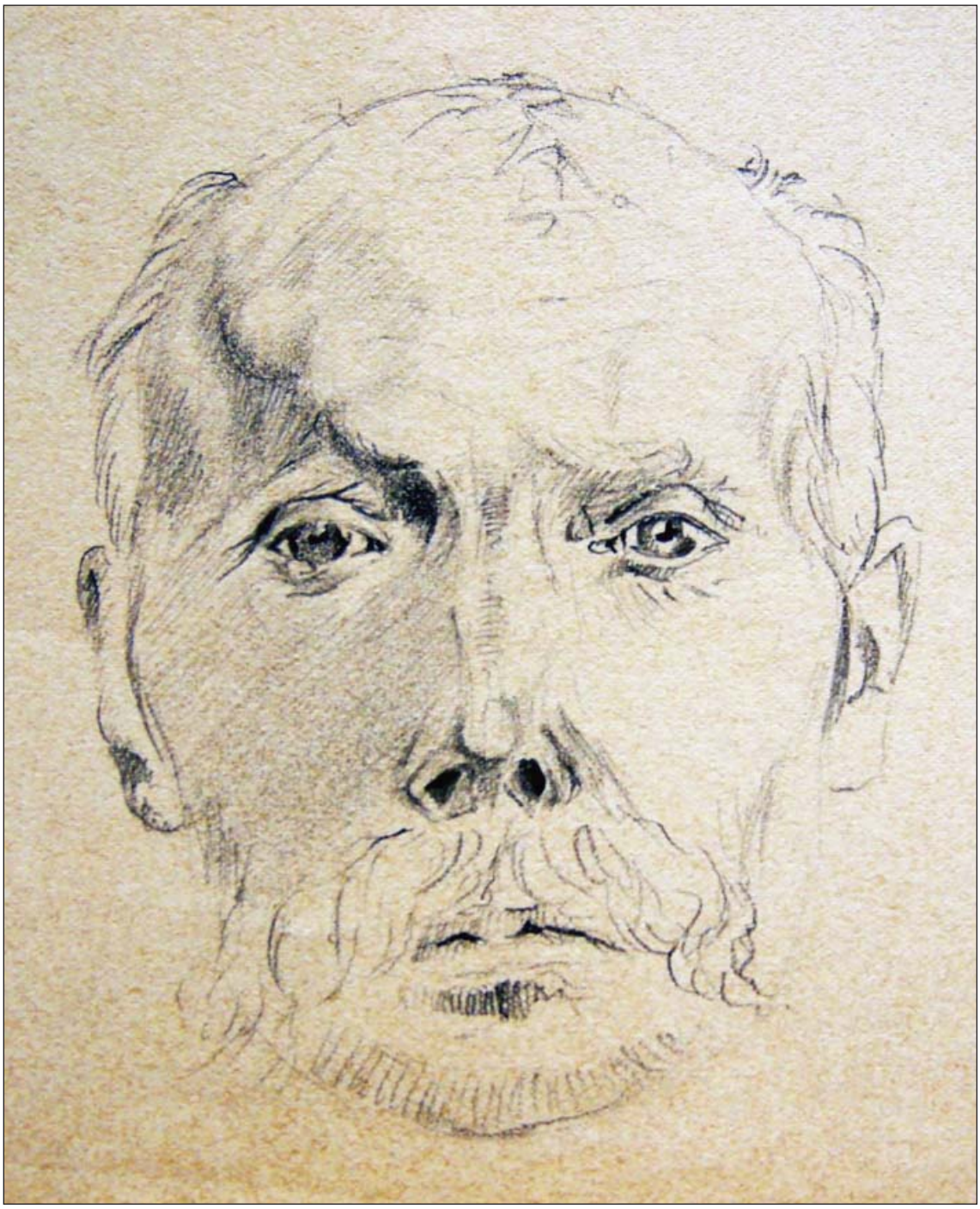


Fig. b2: Drawing of 43 years old man with a fracture of the frontal bone and the orbital roof after a fall from a wagon six weeks before. Vision was not affected.

Fig. b3: A vigorous, well-kept 85 years old baker.
(Drawing of 1 January 1902)

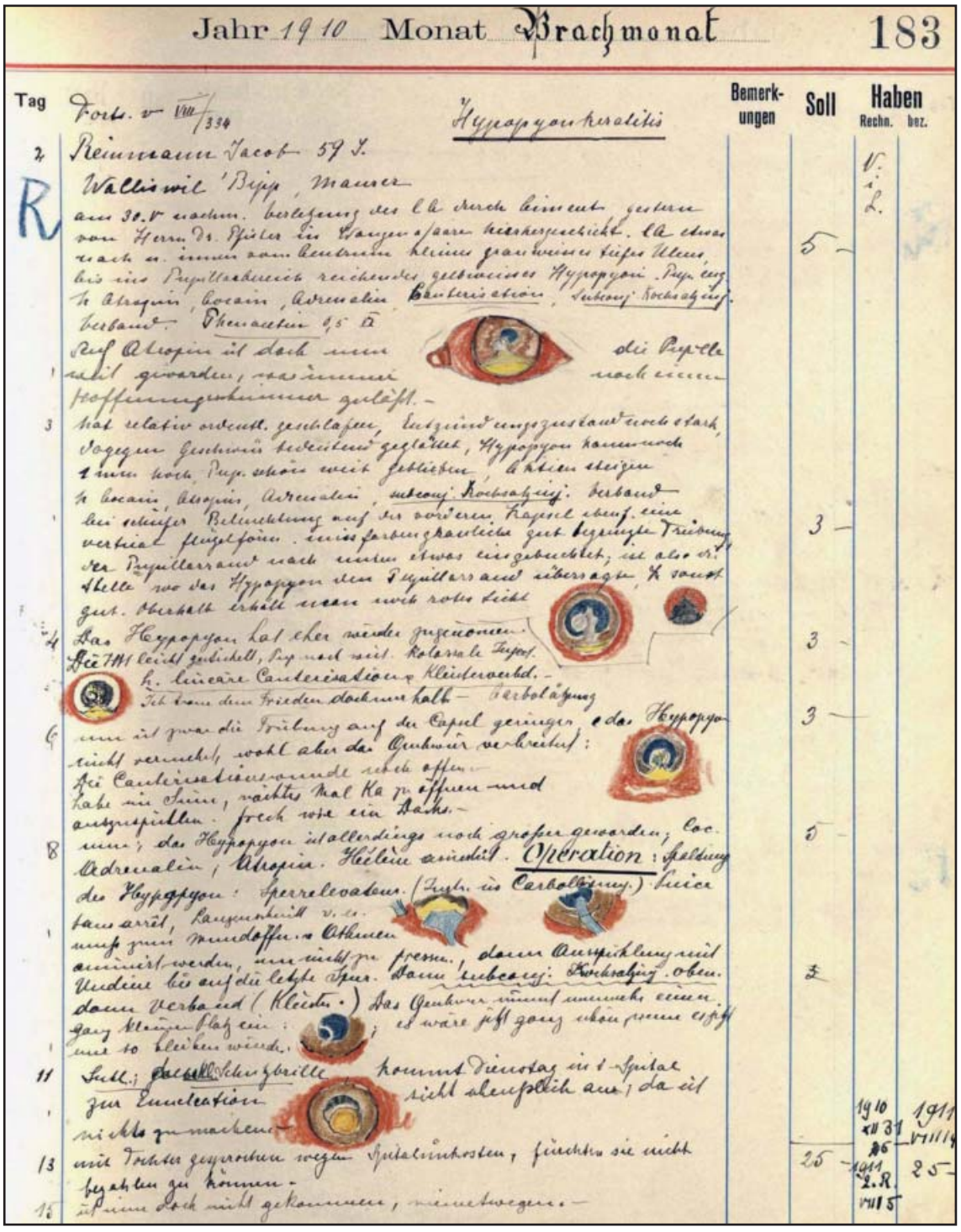


Fig. b4:
Hypopionkeratitis following an injury in a 59 years old man:
June 2nd 1910: Therapy: Atropin, Cocain, Adrenalin, Cauterisation, subc. Saline, Phenacetin 0.5
June 4th linear cauterisation again
June 8 splitting of the Hypopion , rinsing with the undine
(Linear cauterisation and splitting was textbook teaching)
June 11th: …will be hospitalized for enucleation, looks terrible, nothing to do
June 13th talk with the daughter, fears the costs of the hospital Hypopionkeratitis following an injury in a 59 years old man
June 2nd 1910: Therapy: Atropin, Cocain, Adrenalin, Cauterisation, subc. Saline, Phenacetin 0.5
June 4th linear cauterisation again
June 8 splitting of the Hypopion , rinsing with the undine
(Linear cauterisation
June 15th he didn't appear, meinetwegen (transl."If you like")

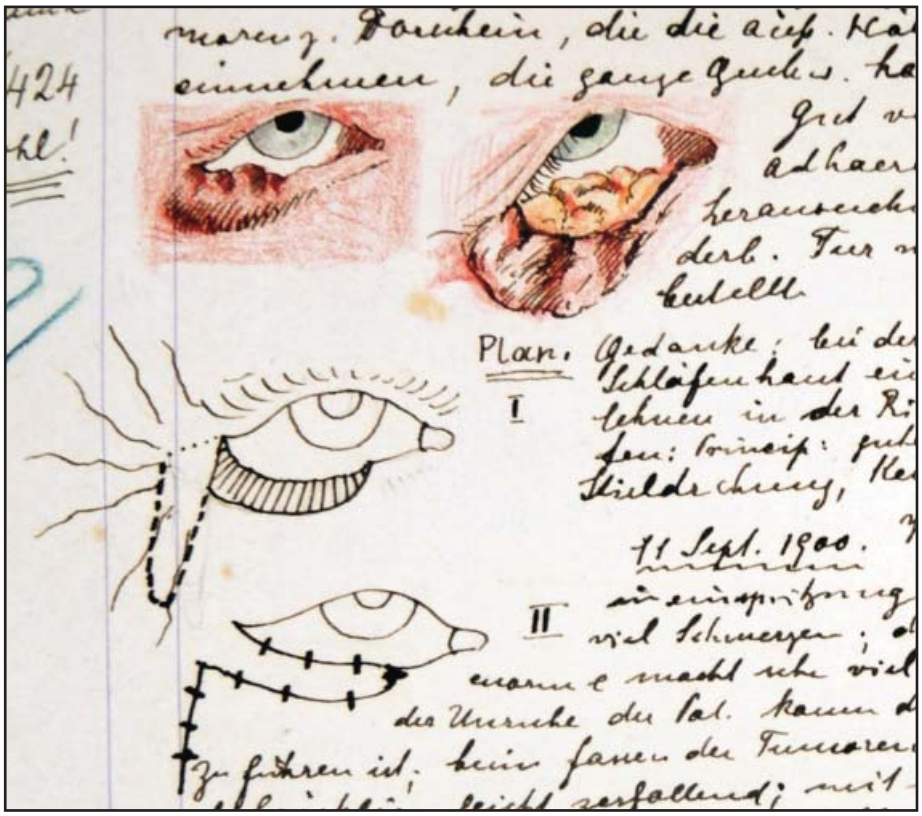


Fig. b5: Bumpy tumor at the border and inner side of the right lower lid in a 84 years old lady, seen September 10th 1990, considered as carcinoma palpebrae. Illustration of the surgical procedure...

Fig. b6: „Most beautiful Herpes“ in a 40years old pregnant lady. Therapy consisted in Cocain, Atropin, Iodine and abrasion. When the patient got complications of pregnancy and needed bedrest, Arthur Gloor made home visits by bike.

Fig. b7:

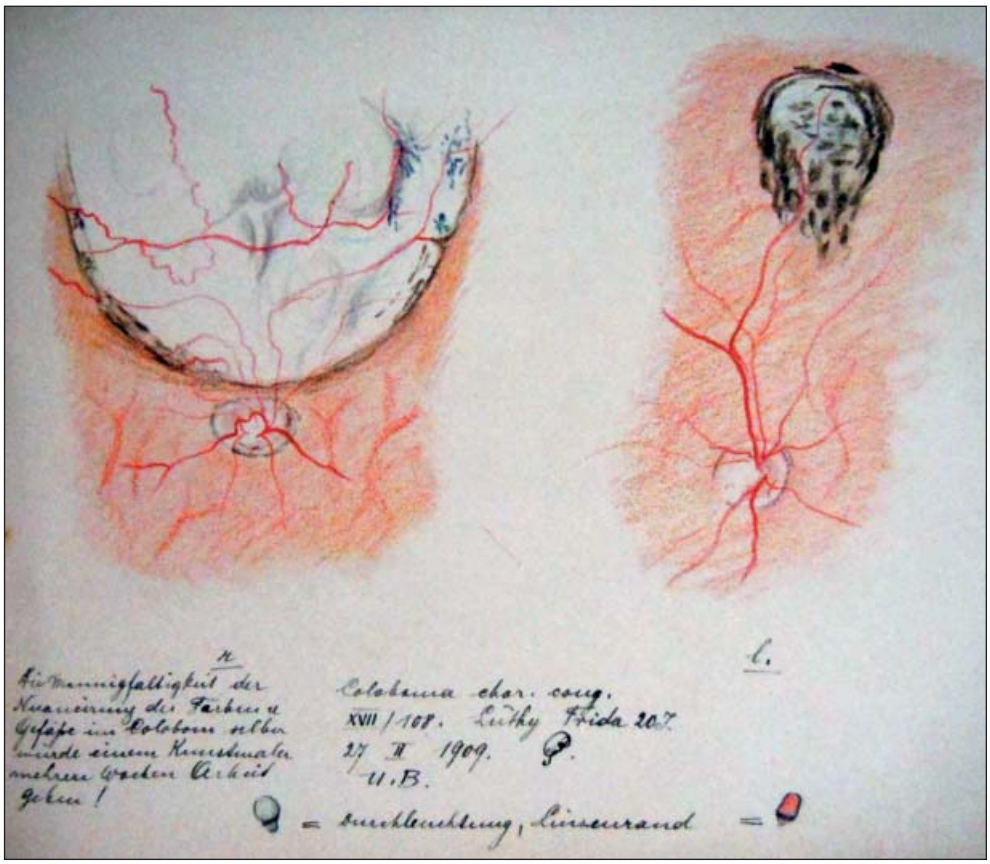


Fig. b7 and b8: This 20 years old lady shows congenital colobomas of the iris (fig. b9) and the choroid and retina (fig. b10), more pronounced in the right than in the left eye caused by an anomalous closure of the embryonic cleft (drawing made by indirect ophthalmoscopy). The mother called the eyes of her daughter "Katzenaugen" (eyes of a cat) and explained the congenital defect as follows: "She was terribly afraid when she saw in a burning house a burning cat during pregnancy and this is why her daughter got the cats eyes"! Visual acuity was RE 7-8/200, LE 0.4, -sufficient to work as a weaver.

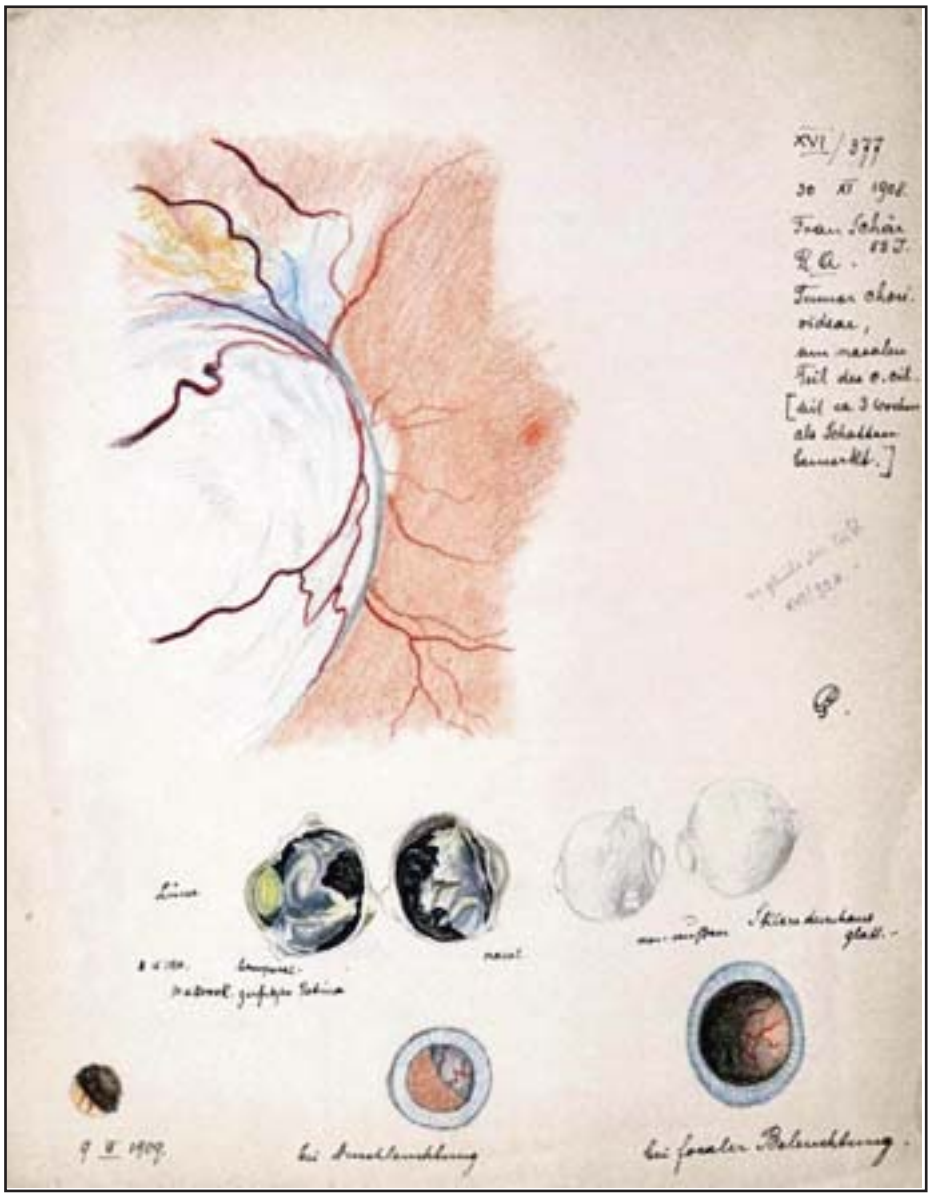


Fig. b9:

Malignant melanoma of the choroid o.d. in a 53 year old women. The comment in the right upper corner reads as follows: 30.11.1908.
RE Tumor of the choroid at the nasal part of the ciliary body …

Below :
The enucleated globe shows at the outside an intact sclera, but a huge extension in the globe at the time it was dissected June 3rd 1910 and three small sketches made 9th February 1909, three days before enucleation, as observed by transillumination, and by focal illumination

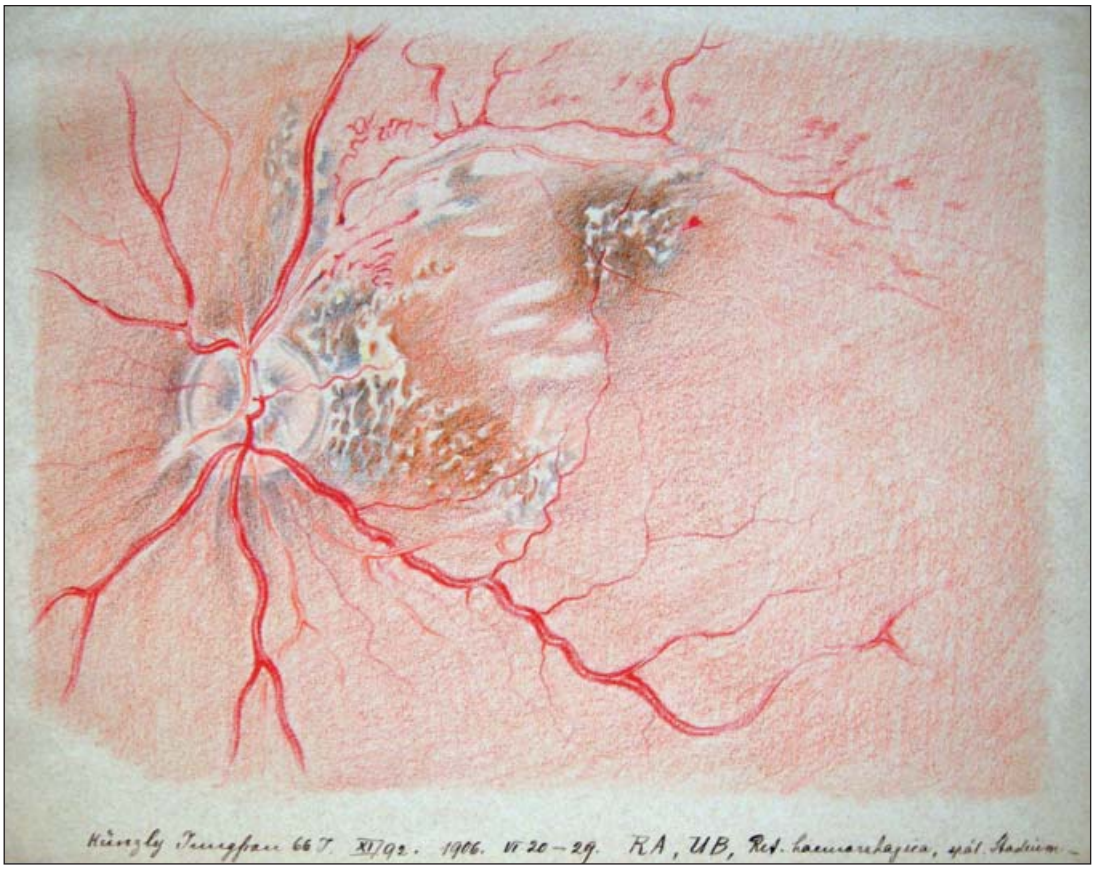


Fig. b10: Fundus of the right eye of a 66 years old lady observed by indirect ophthalmoscopy. Late stage after a branch vein occlusion below (by indirect ophthalmoscopy in the upper haf of the drawing), and of a small artery heading toward the macula, in the drawing in the lower half. Drawing performed during several sessions from June 20th to 19th.

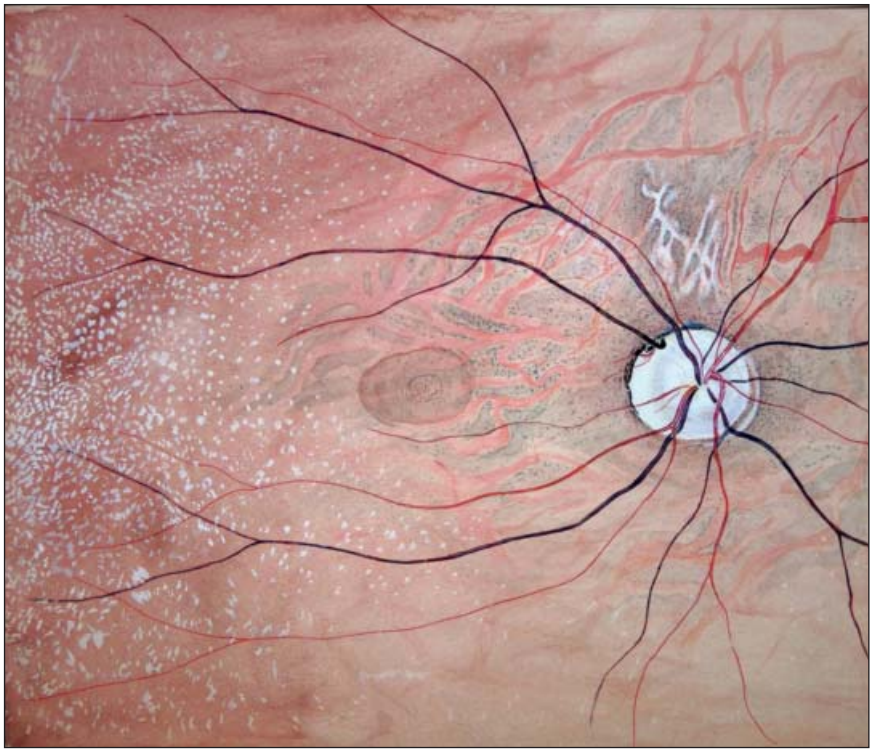


Fig. b11: Retinitis punctata albescens observed in a 8 years old girl. Water color made 1899 by order of University Eye Hospital of Basel.

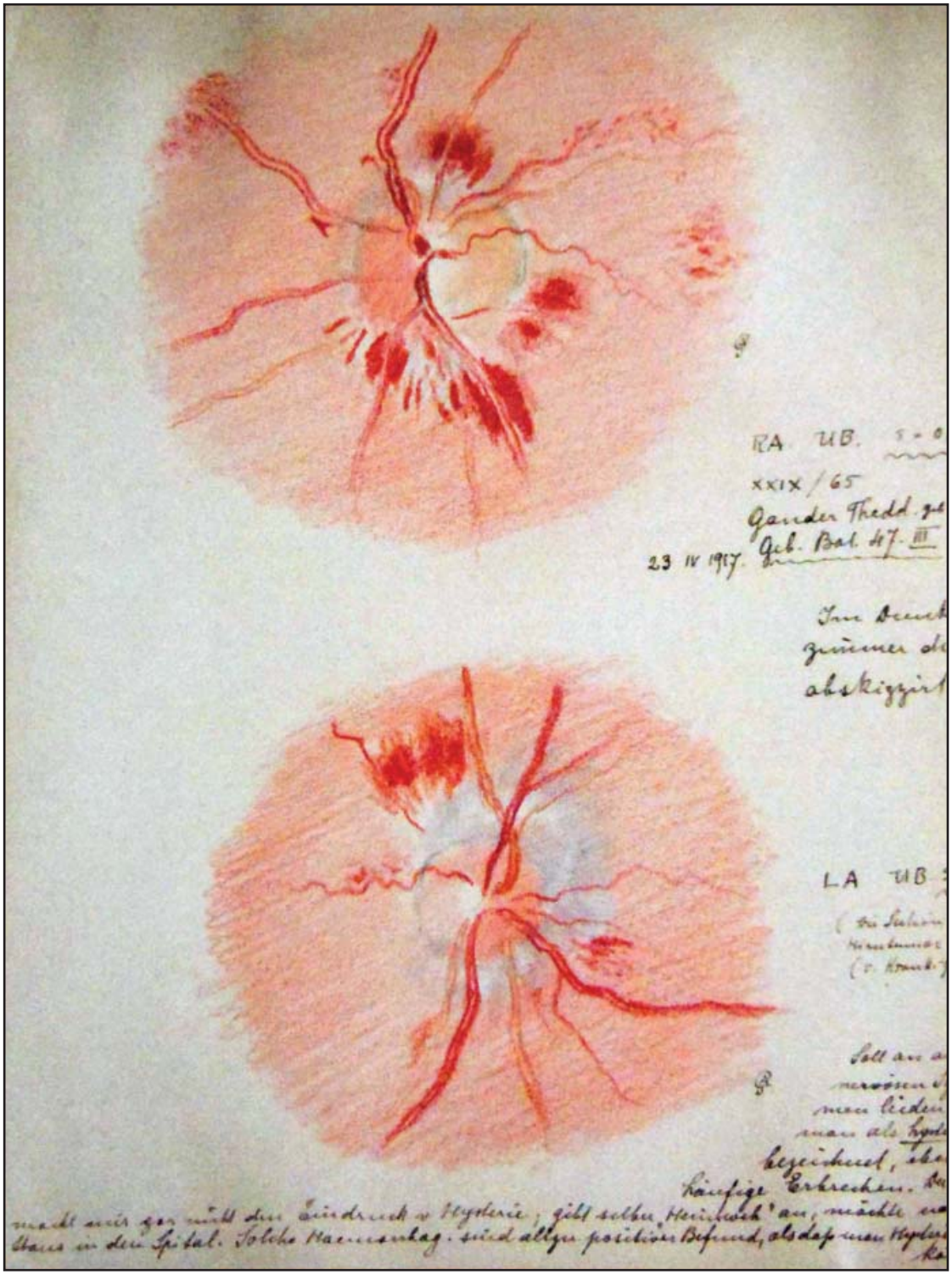
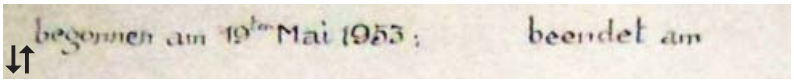
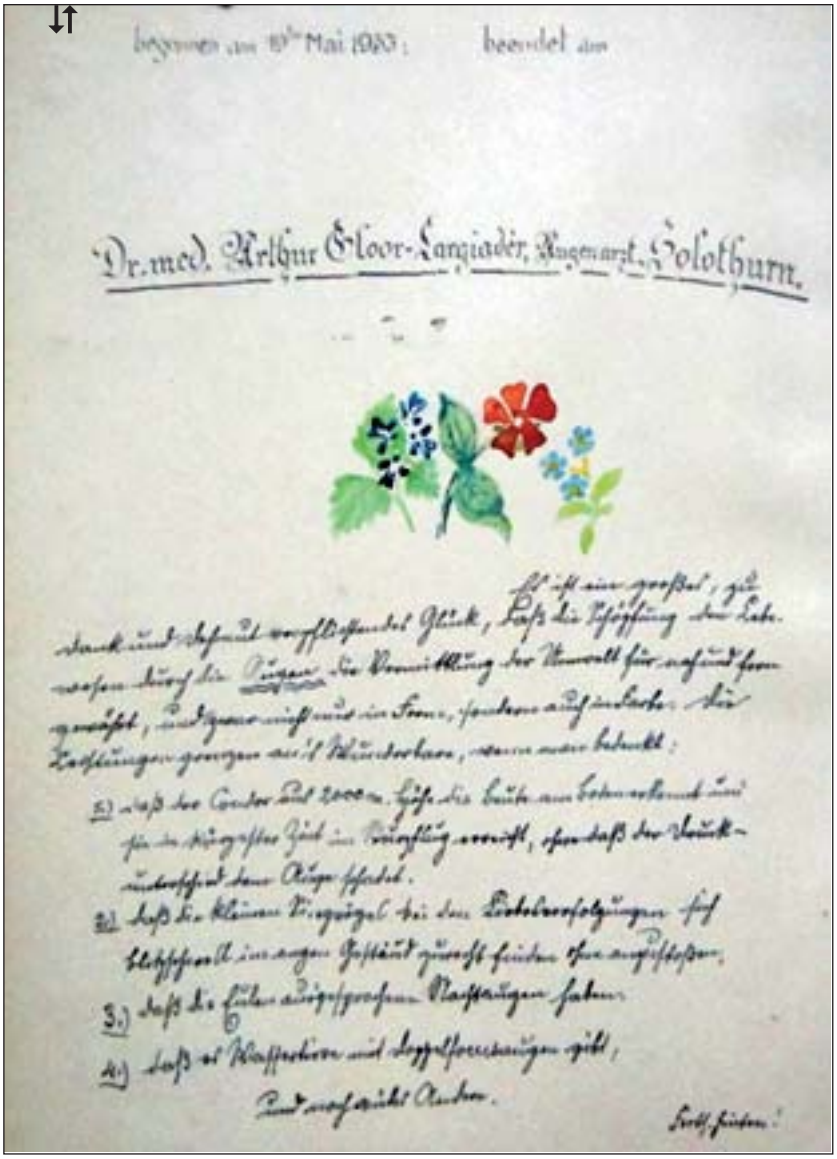


Fig. b12: A 21 years old farmer, when suffering from headaches and vomiting during military service, was suspected to be a malingerer by the medical officer, showed bilateral papilloedema with hemorrhages 23rd of April 2014. He died the 20th of May in the University Hospital in Bern. Autopsy showed a tuberculoma in the cerebellum.

Watercolour on the frontpage of the last Diarium (Diarium 67), that was begun May 19th 1953. The last entry was made November 18th 1954, three days later, November 22nd he passed away





It is a tremendous fortune, obliging to thank and humility , that the Creation provides the living things by the eyes the recognition of the environment near and far, not only the forms, but also the colors. The performance reaches the miraculous if one considers
1. that the condor recognizes from 2000m high his prey on the sole and then catches it in a nosedive, without any damage to the eye by the difference of pressure
2. that the small singbirds find their ways in the bushes at lightning speed without bumping into anything
3. that owls has have distinct night eyes
4. that there a water animals that are double-eyed and many other variations