Observations on syphilitic retinitis / by W.F. Wade.

Though the uterine incision had not healed, the abdominal incision was thoroughly united. The tumour, the great cause of this formidable operation, was found to occupy the whole of the pelvic cavity, a large portion of the right iliac region, extending upwards to the crest of the right ileum; it was of a firm fibro-cartilaginous texture, hard and very unyielding, and where it was not of that character, it was injected with abundant large vessels the size of a crow-quill; it was firmly adherent to, and originated from, the upper and central portion of the sacral curve, immediately below the junction of the os sacrum with the last lumbar vertebra, and extended forward and almost pushed against the pubes, also downwards, presenting the appearance of a child's head about to emerge from under the pubic arch; and lastly, upwards in the direction of the crest of the os ileum, as before spoken of. Its weight was from three to four pounds.

Observations. If the case had been operated upon at the first accession of labour, there is little doubt but the child would have been saved, and in all probability the mother *from the immediate effects of the operation;* but a perfect recovery was hopeless under the most favourable circumstances. The urgency of the moment prevented the adoption of heating the room sufficiently for the operation—a matter of the highest importance, as I have always found and maintained in the seventy-six ovarian extirpations which I have up to this period completed; and the two successful Cæsarian Sections that have of late years been performed in this neighbourhood also fully bear out the value attached to rooms being heated. Cæsarian Sections are generally fatal from neglecting to perform early enough, and before the system is prostrated by long continued parturient efforts. In this case there was no opportunity of performing it earlier, and if any choice had offered, it would have been desirable not to have performed it; but the question was one of immediate death, under the most deplorable circumstances, or immediate attempt at delivery, by the only practical mode which presented itself as applicable to the case, viz., the Cæsarian Section.

The residence of the patient being fully eight miles distant from me, I could not see the case as often as I could have wished; but I should be wanting in courtesy if I did not state that every care and assistance was rendered in the most efficient manner by Messrs. Brierly and Evans; and I feel sure, if close and watchful attention to the case could have secured success, it would have been obtained.

It is at all times a matter of regret to record the unsuccessful issue of an interesting case; but it is culpable in the extreme to hide such results from the public. In my *Hand-book of Obstetric Operative Surgery*, just published, an error has been made in reference to this case, as to the number of days this female survived after operation: it is there stated to be fourteen, whereas it ought to have been nineteen days.

Piccadilly, Manchester.

(11)

OBSERVATIONS ON SYPHILITIC RETINITIS.

By W. F. Wade, B.A., M.B., Physician to the General Dispensary, late Resident Physician to the General Hospital, Birmingham.

Ann K., *æt.* 39, married, by trade a polisher of jewellery, came under my care at the General Dispensary, on the 3rd of December, 1855.

On admission she states that her husband infected her with syphilis seven years ago. She was then cured by medicines which he procured for her: of the nature of these she is ignorant. She has suffered from time to time ever since with secondary symptoms of various kinds; and now applies for relief from a deep, ragged, and foul ulceration of the tongue, on the left side of the frænum: this condition has existed for three months; her appearance is cachectic, appetite bad, hair falls off; she is feeble, and suffers from pains in the shin bones, which are tender. No bubo occurred during the primary attack.

℞ Syr. ferri iod., ℥ iv.
Potass. iod., ℈ j.
Acid. citr., gr. x.
Dec. sarsæ co., ℥ xvss. M.
Ft. Mist. cujus sumat cyath. vinos. ter in die.

℞ Potass. chlor., ℥ ij.
Aq. pur., ℥ viij. M.
Ft. gargarism.

℞ Pil. rhæi co., gr. v.
Quot. sumend. hor. j ante prand.

December 6th. Ulcer cleaner, not so deep; appetite better, bowels regular, periosteal pains diminished. Cont. remed.

10th. Improves fast; ulcer filling up, and looking very healthy. Cont.

17th. Tongue nearly well; complains of pain over hypogastrium, and continual calls to micturition; other pains relieved. Adde mist. potass. acet., ℥ ij. Cont. alia medicam.

24th. Vesical symptoms relieved; a sparse pustular eruption has appeared on face and head, one pustule on the left eyelid. Tongue all but well; complexion clearer and more healthy; gains strength.

January 6th. Tongue healed, but cicatrix hard, and she complains of its feeling stiff when moved. Om. garg. cont. alia.

14th. Better, except that she complains of supra-orbital pains in the right side; that eyebrow is the seat of a small node. No iritis. ℞ Ext. bellad., ʒ i; ungt. hydrarg., ʒ iij. M. Ft. ungent, quant nucis nocte maneque dext. supercil. infricand. Cont. alia.

21st. Pain over brow has been relieved by the ointment, and she continues to feel better, but complains of dimness of vision. On closely questioning her upon this subject, I discover that her vision has for some time been impaired, but that when she came to me first her attention was so engrossed by the condition of her tongue, at which she was much alarmed, that she did not mention her loss of eyesight; moreover, not being able to go to work, it had not produced much inconvenience; but having resumed her occupation for the last fortnight, her attention has been drawn to it, and she finds that her trade has made her eyes worse. It may be well to mention, that in the polishing of jewellery it is requisite to inspect, closely, minute bright objects. She tells me now that the eye symptoms commenced about six months ago whilst taking medicine (probably anti-syphilitic) of pills, night and morning, under medical direction. She was seized one night with excruciating pain in both eyes, flashes of light, lachrymation, photophobia, impairment of vision, tightness of head, and vertical headache. The loss of vision became complete, and continued so for a week; she then began to improve, but has ever since been subject to photopsy, impairment of vision, a cloud coming over her sight whilst at work, and a sharp pain occasionally darting through the eyeballs as if she had received a blow; vision is better in a subdued light, some intolerance of light and occasional lachrymation. These symptoms have continued, as I before stated, up to the present time, with occasional aggravations and remissions, having been increased during the last week by returning to work; the pupils are now dilated (probably from effect of belladonna) but mobile; right one presents an oval outline, with the long axis horizontal; the Irides present no other irregularity, neither nodules of lymph nor discolouration; both pupils, especially the right, are less black than normal; slight zonular redness, also, is observable on the right side. Pil. hydr. chlor. co., gr. x; n. maneque sd. Cont. mist. et ung. Not to use her eyes.

28th. Eyesight better.

31st. Mouth unaffected, pupils better colour, other symptoms alleviated. Cont. remed.

February 7th. Has been in the country, but continued the remedies

regularly. Mouth unaffected, eyes continue better; has obtained a pair of green spectacles, from which she derives comfort. Cont. remed.

14th. Mouth slightly affected the last three days; eyes were much better till yesterday, when they became more painful, and vision was impaired. Sumat Pil. hydr. chlor. co., gr. x; om. noct. tantum. Empl. lyttæ, 2 × 2 temp. dext. admov. Ungt. simpl. Cont. mist.

18th. Eyes much relieved by the blister, which is not yet healed. Om. pil.

25th. Eyes much improved. Cont. mist.

April 7th. Eyes have continued to improve since last date, and are now in all respects well. Cont. mist.

May 8th. Eyes perfectly well. Has had no relapse.

Remarks.

The rapidity with which the ulceration of the tongue healed up, in this case, is worthy of notice, such lesions being not readily amenable to treatment. The remedies adopted were those from which I have had the most satisfactory results in the treatment of secondary syphilis, viz., the syrup of the iodide of iron in half drachm doses, with a little citric acid to prevent decomposition, small doses of iodide of potassium, and a bitter infusion, or compound decoction of sarsaparilla. This combination seems to remove, sooner than any other, the cachectic condition, which usually precedes, and invariably accompanies, the local manifestations of the disease. If, however, the local symptoms do not yield, I employ mercury in small doses, more especially if it is of importance, as in iritis, that a speedy stop should be put to their progress.

Whilst recommending strongly the plan here set forth, I am quite aware that cases will occur in which we may have to employ, in succession, almost all the anti-syphilitic remedies in the Pharmacopœia before hitting upon the right drug. In syphilitic ulcerations, especially of the mucous membranes, I have frequently conjoined chlorate of potash with the above combination, and not, I think, without benefit. I shall not enter further into this subject, as my object in recording this case is, to draw attention to the possibility of an internal ophthalmia, other than iritis, occurring during the presence of a venereal taint.

In the ordinary teaching of the schools, iritis is the only syphilitic internal ophthalmia which we are led to expect. Special works on Ophthalmology are but little more explicit.

Mr. Middlemore, and Dr. Jacob of Dublin, mention syphilis as a possible cause of Retinitis, but do not either relate cases or lead the reader to suppose that they have met with any. Other British writers ignore the existence of such cases; except indeed, Dr. Hocken,

who, in a very able article on Retinitis in the *Transactions of the Provincial Medical Association*, quotes Dr. Jacobs' opinion, without any comment or practical elucidation of the matter. I am quite aware that most authorities allude to the extension of the inflammation in iritis to the deeper structures; but that is beside the present question.

When my attention was first drawn to the state of this patient's vision, I expected as a matter of course to find iritis on examination. Being disappointed in this, I was at first disposed to place the case in the category of those affections of the sight which arise from irritation of the branches of the fifth pair of nerves; there was a node on the brow, close to the supra-orbital foramen, and evidently capable of exercising pressure on the supra-orbital nerve. Mr. Mackenzie gives three cases of this nature.

The early recognition of such a disease as retinitis, often so intractable in its character, and disastrous in its results, is of the utmost importance; the welfare of the patient and the reputation of the medical attendant being equally at stake.

The general syphilitic history of this case is, I think, indisputable, even in the absence of medical evidence as to the exact nature of the primary disease.

The question, then, arises, was this a case of Retinitis?

Mr. Wharton Jones says, at page 158 of his *Ophthalmic Medicine and Surgery*, "The anatomical characters of ophthalmia interna posterior," comprising choroiditis and retinitis, "cannot be seen, and there are no objective symptoms pathognomonic of it." The introduction of the Ophthalmoscope will probably necessitate a revision of this passage; but, unfortunately, I had not the opportunity of availing myself of its use in this instance. Mr. Jones, however, subsequently notices the occurrence of an oval pupil and more or less glaucoma—objective symptoms both—at certain stages of the disease.

He proceeds as follows: "As subjective symptoms there may be photopsy, dimness of vision, deep distending pain in the eyeball, intolerance of light, and headache. Of all these symptoms the dimness of vision is the most constant." Judged by the above diagnostics there can be but little doubt that what Mr. Wharton Jones terms Ophthalmia interna posterior existed in the present instance. Into the differential diagnosis between Retinitis and Choroiditis I shall not enter, the existence of either the one or the other being sufficient for my present purpose. Mr. Jones intimates (p. 160) that this differential diagnosis is one of extreme difficulty, and in many cases impossible. In fact, it seems to me that some authors attribute to choroiditis, those symptoms which others rely on as indicative of retinitis, and *vice versâ*. The difficulties of this question are sufficiently apparent.

It now remains to ascertain what degree of connexion there may

have been between the lues venerea and the eye disease; *i. e.*, whether the latter was of a specific nature or an accidental complication.

Two objections may be raised to the former view:

In the first place there were no special differences between this and an ordinary case of chronic retinitis sufficient of themselves to stamp its character.

This, however, may be the case in some instances of so well known and common a disease as syphilitic iritis; upon this point I shall again quote Mr. Wharton Jones, who says (p. 152), "Though the tawny colour of the smaller ring of the iris, the angular distortion and displacement upwards and inwards of the pupil, and the presence of the tubercular excrescences, may some of them be met with in cases of iritis, not syphilitic, and may some of them be absent in syphilitic cases, they nevertheless are of such frequent occurrence in syphilitic iritis, that their presence alone constitutes strong ground for inquiring as to whether or not other secondary symptoms exist. If such do exist, the case can be no longer doubtful."

It seems to me obvious that the author of the foregoing extract would not hesitate to pronounce a case of iritis to be syphilitic, provided other secondary symptoms were in existence, even in the absence of those local peculiarities which so frequently indicate the constitutional origin of the disease.

Dr. Bateman, too, alludes to the absence of special marks in some cases of syphilitic eruptions.

Moreover, it is quite possible that we may at some future period, when more cases shall have been recorded, light upon some differences between the simple, and the venereal forms of chronic retinitis.

Mr. Mackenzie of Glasgow all but ignores the existence of special local differences between syphilitic, and idiopathic iritis, trusting almost exclusively to the concomitant general symptoms.*

The second objection which may be raised is, that as the occupation of the patient was precisely of that character which would be exceedingly likely to excite Retinitis, it is superfluous to take into consideration the syphilitic taint.

Mr. S. Cooper, in his *Surgical Dictionary*, quotes the opinion of John Hunter: "That one great reason for the superficial parts of the body suffering the effects of lues venerea sooner than the deep-seated ones, depends on the former being more exposed to external cold."

This is a full recognition of the action of external and accidental influences developing local secondary syphilis.

The cachexia itself, apart from any local symptoms, seems very

* *Diseases of the Eye*; 4th edit.; p. 543.

often to be induced by privation, debauchery, or intemperance, causes which lead to an exhaustion of the vital powers.

Those who are conversant with the practice of large public institutions cannot, I think, have failed to observe that every now and then there comes, as it were, an epidemic of secondary syphilis, usually about the commencement of winter, or during the prevalence of the Vernal north-east winds.

I have frequently seen patients under treatment for secondary syphilis attacked with dry Pleurisy (and on one occasion with slight Pericarditis): these attacks are usually attributed to exposure to wet or cold. If this affection be not recognised, the patient may be allowed to remain in suffering longer than is necessary, for a single blister will cure it. I have never seen it attended with fluid effusion.

There cannot then, I think, be much doubt that in many, if not most, cases of secondary syphilis, there is a non-specific exciting cause, distinct from the constitutional, or specific predisposing one. If this be true, the second objection is disposed of; and we are, I believe, entitled to consider the present case as one of genuine syphilitic retinitis.

The treatment does not call for many remarks.

The obvious indication is to preserve the eye with the least possible detriment to the constitution.

Providing the circumstances of the patient (as in the wards of a hospital) will ensure the full adoption of the plan, I know of no mode of administering mercury more suitable to such a case than that of Dr. Law—calomel, in dose of $\frac{1}{12}$ grain every hour. Less than three grains will probably bring the patient under the influence of the drug, and its effects can be very nicely graduated.

The frequent repetition of the dose renders it irksome, and in private practice will probably lead to its neglect.

In the present case, the remedies which had produced so notable an improvement in the general health of the patient were not intermitted, during the exhibition of those necessary for the local disorder.

A parallel to this mode of proceeding may be found in the recognised treatment of certain diseases, as fevers by local depletion and general stimulation.

The use of belladonna in Retinitis is by some discountenanced, because the dilatation of the pupil exposes a greater area of the retina to the influence of light. Whether this condemnation is altogether just or no, I shall not pretend to decide; but the relief of supra-orbital pain by the application was so marked that my patient insisted on its repetition, and I cannot say that I observed any counterbalancing disadvantage.

It only remains to observe, in conclusion, that no one can be more

sensible than myself of the injury done to science by hasty generalisation. Inferences drawn from a single case may seem to some to come under this category—my deduction in the present instance is so limited that I do not think it obnoxious to this charge. I believe that I have observed one instance of syphilitic retinitis, and that what has occurred once, may occur again. This case is put on record, then, in the hope that it may attract the observation of some whose opportunities and capability for observation will soon settle the existence, or the contrary, of this disorder. No one will dispute the importance of our being accurately informed upon this point.

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