CLINICAL NOTES ON IRITIS,

ESPECIALLY AS TO THE RELATIVE FREQUENCY OF SYPHILIS AND RHEUMATISM, ETC., AS CAUSES OF THE DISEASE: FROM AN ANALYSIS OF SEVENTY CASES.

By EDWARD NETTLESHIP, F.R.C.S.,

Surgeon to the South London Ophthalmic Hospital.

THE question, what proportion of the iritis cases met with in ordinary ophthalmic practice are syphilitic, and what proportion rheumatic or due to other causes? is often asked in one form or another by those attending at our ophthalmic hospitals. It was partly in order to get some clear idea on the subject myself that I looked over the cases of which I had notes and classified them according to the cause of the iritis. The following statements and remarks, although based on only a small number of cases (rather more than seventy, exclusive of a dozen others, of which the notes are too short to be useful), are the result generally of careful and detailed inquiries of each patient; and, although they supply nothing new, may have enough of contemporary interest to allow of their publication.

It is particularly as to the frequency with which syphilis causes iritis, and as to the share taken by gout and the various manifestations of the rheumatic diathesis, that much difference of opinion is found. That iritis is often caused by syphilis, and that it is then often symmetrical, and sometimes accompanied by the formation of nodules of lymph (gummata) on the iris, needs no comment; unless it be added that too much importance should not be placed on these symptoms in making a diagnosis, since in many cases of syphilitic iritis only one eye is attacked, and in a large proportion no nodules ever form on the iris. Leaving the well-proved cases, however, we find that observers differ much in the share which they assign to syphilis in the production of iritis when it occurs without any symptoms or history, either recent or remote, of that disease. If we adopt Mr. Hutchinson's theory of syphilis, the group of cases first mentioned falls naturally into the exanthem stage, the iritis forming part of the general eruption. In the cases, however, and they are many, where there are no symptoms of secondary syphilis, we are hardly justified in even suspecting the iritis to be syphilitic, unless we find good evidence that the patient has had syphilis at some former time. Now, it is clear that, by a moderately careful examination, we are able to separate a large body of cases in which there is no reason for thinking that the patients ever had syphilis; and this being so, we have not only to look for other causes, but to suspect that, even in such as own a remotely syphilitic history, other influences are not improbably at work. As, for instance, in regard to skin-diseases, we do not assume that a local or a darts eruption on a person who has had syphilis will necessarily present any peculiarities due to that disease, nor that every eruption bearing a more or less close likeness to certain syphilitic lesions is, therefore, syphilitic.

It may, perhaps, seem needless, or even captious, to make these remarks when "rheumatic iritis" and "gouty iritis" are terms in everyday use by those who have the best opportunities for investigation; and the publication of further details as to rheumatic iritis may seem superfluous after Mr. Hutchinson's elaborate report on Rheumatic and Gouty Diseases of the Eye, in the seventh and eighth volumes of the *Ophthalmic Hospital Reports*. Mites of evidence from many observers, however, are sometimes useful, even on so trite a subject as iritis, a disease which is sometimes not so fully treated in our systematic books as its importance demands.

Of seventy-one cases of iritis, I find that thirty (about 42 per cent.) occurred during secondary syphilis; while twenty-three (about 33 per cent.) were in persons who were either rheumatic or gouty themselves, or gave a well-marked history of some arthritic maladies in their relatives. There was no proof of syphilis in any of these twenty-three, although in a few its previous occurrence was probable.

Of the thirty syphilitic cases, six were cases in which the syphilis and the iritis had occurred several years before, the patients coming to me for other ailments. It is interesting to observe that no second attack of iritis had taken place in any of these, although in most of them periods varying from three to twenty years had elapsed since the attack. Twenty-three cases were seen in an active state, and in four only of these were there any nodules of lymph; none of these four were of Scotch or north-country descent so far as they knew, but one of them had a name (Clively) suggestive of Scotch parentage (this is in reference to Mr. Hutchinson's observation that nodules on the iris are commoner in the Scotch than in the English).

The iritis was symmetrical in ten; in ten others, where the history extended over a period of not less than about three months, only one

eye was affected; while the remaining ten were under notice too short a time to make it even probable that the second eye would escape. Thus, of twenty, in which the history is fairly complete, both eyes were affected in just one half, a proportion which, of course, somewhat understates the tendency to symmetry, since a few may have become symmetrical at a still later period. The interval between the onset of the disease in the two eyes seldom exceeded three or four weeks, and in several it was only a few days. In one case, however (Wm. P., aged 46), three or four months elapsed before the second eye was attacked; the patient was a man living by the sea-side, and who was also treated with the iodide of potassium, but with little or no mercury; he had a severe eruption and rheumatoid symptoms, and his illness dragged on for more than a year, when he quickly improved under a mercurial course.

The interval between the detection of the chancre and the onset of iritis was noted in sixteen cases. It was never less than two months, and seldom exceeded six months; in two or three, the interval was said to be a year or even more, but the patient's accuracy was doubtful in all of these.

A relapse, more or less marked, occurred in three cases while still under care. In one of these, a man, aged 54 (Samuel M.), the iritis, which had occurred only in one eye, relapsed while the patient was still taking mercury and slightly salivated. It was accompanied by general rheumatism, with some swelling of joints and great pain, and the rheumatism persisted after the eye had again become quiet. Let it be noted that he had been liable to chronic rheumatism for many years, the first attack at the age of twenty-five, laying him up for a whole winter. The second case was in a woman (Mary C.), aged 56, in whom a slight recurrence of ciliary congestion took place after three months' attendance, and while still taking mercury; she was not rheumatic. The third patient was a man (Arthur C.), aged 32, who had symmetrical iritis, with nodules on one iris, but only very slight adhesions; he returned, shortly after being discharged, with severe inflammation of one eye; the congestion was intense, but there was very little plastic iritis, and no fresh synechiæ formed; I have no note that he was rheumatic, and I believe he attributed the relapse to having overused his eyes at fine work. The cases were equally divided between the two sexes, fifteen being men and fifteen women.

In twenty-three cases which are tabulated as uncomplicated *arthritic* iritis, there was a definite history of some form of rheumatism or of gout in twenty. In the remaining three, although no such complaints had occurred in the patients, there was a history of arthritis in their relatives. Thus, Eliza C., aged 68, had iritis of her left eye; she had never had any rheumatism, but her sisters were very rheumatic, and one of them had been laid up by it all the winter. Emma S., aged 38, with iritis of the left, stated that her father, a traveller, had had several attacks of gout; and Thomas B., aged 36, a florid, red-haired man, himself, as yet, free from any affection of joints, told me that his father used to suffer severely and frequently from gout in the feet.

Chronic articular rheumatism was the form of disease to which most of the patients averred themselves liable. In about half a dozen, characteristic gout was the malady. In one, lumbago, and in another "sciatica" had occurred, the joints having escaped. In only one was the rheumatism gonorrhoeal. Rheumatic fever seems to have occurred in only one or two, but very probably the early history is in many cases deficient. One very well-marked case is that of Mary B., who had a six weeks' attack of rheumatic fever when she was nine, a second at the age of twenty-one, and a third, lasting three weeks, when she was thirty-five. She remained liable to rheumatic pains in the thighs, and once had "sciatica"; and, in old age, shortly before I saw her, she became liable to attacks suspiciously like true gout in her left great toe; at the age of sixty-seven, she had iritis for the first time, the left eye being affected. The attack was long, or rather she had several exacerbations during a period of five months. She was a well-to-do housekeeper likely to have earned gout.

It is but seldom that iritis is the first manifestation of the patient's liability to arthritic complaints, and I was able to prove this in only a single instance; it is probable, however, that some of the cases in which we cannot, after the most careful inquiry, assign any cause, are really of this kind. The common story is that the patient has been liable for several, or many, years to his rheumatism or gout before he has iritis. The liability on the part of the joints does not appear often to diminish when the iris becomes affected, the articular rheumatism or gout generally recurring as before. It is rather common to find the iritis setting in either during or directly after an attack in one or more joints, and this is noted in about a dozen (one half) of my cases. Now and then, we find the first attack of iritis coinciding with the first joint mischief. Thus, James E. appears to have had his first iritis with

slight rheumatism at the age of twenty-four; he had never had rheumatism until then, but it has since relapsed several times, getting worse at each attack, and has already caused partial ankylosis of one wrist; he has also had several relapses of iritis. Henry H. had gout in his right great toe for the first time at the age of fifty, an acute and severe attack, and almost at the same time his left eye inflamed; three years later, he was under care for his second iritis in the same eye; his father was also subject to gout in the great toes.

It is interesting to note in this connection that in none of the cases of relapsing iritis was there any reason to think that the first attack had been syphilitic. This fact, together with the one already mentioned, that cases of syphilitic iritis show no tendency to relapse, supports the view that the recurrences are not due solely, nor even in any considerable degree, to the presence of old adhesions. Whether iridectomy does, or does not, really lessen the risk of relapses, as is so often asserted, it is, of course, next to impossible to show directly by statistics; I have had only one patient on whom the operation had previously been performed, and in him a relapse occurred three years later. The fact of most weight in favour of the view that adhesions cause the relapses, is seen in the frequency with which the disease recurs in one eye, its fellow often escaping altogether. This, however, is only what we are accustomed to witness in the joints of the same patients, without invoking the aid of adhesions; and it would be easy to cite other instances of recurring local affection, especially of the skin, in which exactly the same part repeatedly suffers.

The rarity with which both eyes suffer at the same time is matter for remark; it is, however, not more striking than the frequency with which the articular symptoms in this class of patients are also confined to a single joint, or to two or more, but often without accurate symmetry. In only two of my cases was rheumatic iritis synchronously symmetrical; and it curiously happened that in both of these the articular rheumatism was symmetrical too. In two cases, the anterior chamber contained a large quantity of the nearly transparent jelly-like exudation which has been described in rare instances by several observers. One of the patients had had gonorrhoea two years before, but had had no rheumatism with it; the other denied ever having had a gonorrhoea.

In regard to sex and age, about two-thirds (fourteen) of my cases were males, and rather more than one-third (nine) females; in one of the latter, however, the history is imperfect, and the disease may have been syphilitic; she was a married woman, aged 23. The age at which the first attack took place was, on the average, much higher in the women than in the men. Thus, none of the men were more than fifty-six at the first attack, and more than half were below forty. One patient was only nineteen years old, and had had three attacks by the time he was twenty-three; it is of interest to note that all his five brothers and his father were subject to gout, and that this disease had also occurred on the father's side two generations earlier. Of the eight women (excluding the one above noted as doubtful), only two were below forty, the remaining six varying in age from fifty-four to sixty-eight when the iritis first occurred. The youngest of the women (Emma R.) was twenty-six when her left eye first inflamed; she had an attack in the right some time afterwards; and at thirty-three a second in the left. Her father died of "rheumatic gout", and his father also had it; she herself was liable to stiffness in her elbows and knees, and to severe neuralgia in the head. The second of the youngest women was thirty-six, and her father had also had gout; she had a relapse at the age of thirty-eight.

A certain number of cases (fifteen) remain which have not been classed with either the syphilitic or the arthritic series. Several were cases of iritis from slight injuries; and in some others, although the history of injury was wanting, there were circumstances which made its occurrence very probable. Two were cases of uncomplicated iritis in children, aged 14 and 15, and for these I quite failed to find any explanation (published in the *Lancet*, Jan. 15th, 1876). I have at present under care a third case in a girl of fifteen, without apparent cause. In two or three others the history was uncertain, but syphilis likely.

A few remain in which there was good evidence that syphilis had occurred some considerable time before the iritis; and, as in cases such as these it may be of importance to establish, as far as possible, the share taken by the syphilis in the production of the iritis, I will mention very shortly the particulars of each.

CASE I. Samuel O. had syphilis severely at the age of twenty-eight; three years and a half later, he had a prolonged attack of subacute iritis in his left eye; the right escaped. He had never had rheumatic symptoms, but his father had been laid up with lumbago.

CASE II. Margaret J. had an illness, accompanied by falling of hair and some rash on the skin, when she was forty; it was probably syphilis; her eyes were "weak" for a short time, but it is very doubt-

ful whether she then had iritis. Two years afterwards, I treated her for a tolerably severe iritis in the right eye only. She has had no rheumatism, but her father is crippled by it in his hips.

CASE III. Richard W. is an excellent instance of syphilis occurring in a rheumatic man subject to recurrent iritis; there is no reason for regarding his last attack of iritis as syphilitic. At the age of nineteen, he had gonorrhoea, followed by articular rheumatism. At twenty-nine, his left eye inflamed. At thirty-three, he was laid up for three or four months with "sciatica" in his hips; very severe pain. The left eye again inflamed when he was thirty-four, the attack lasting nearly three months, and being very painful. At thirty-nine he had syphilis, and the rash was still hanging about him when he came to the hospital, a year and three quarters later (aged forty-one), for his third attack of iritis in the left eye. It was very acute, and came on after he had been for three days feeling shivery and ill from a "bad cold". The eye was soon well; the right never suffered.

CASE IV. Mrs. B. had iritis of the left only, at the age of forty; many synechiæ formed. She was at the same time suffering from serpinous ulceration of the skin over the left knee; and a few weeks later had paralysis of the right third nerve, which was cured by large doses of iodide of potassium, with bichloride of mercury. There could be no question that she was remotely syphilitic, but the history was negative. I did not inquire about rheumatism.

CASE V. Mrs. S. had syphilis soon after her only pregnancy at about the age of twenty-four; iritis occurred in the left eye only, and the right did not inflame at all. Twenty years afterwards (aged forty-four), she was admitted with mild but acute iritis of the right eye, complicated with some punctate deposits behind the cornea. She denied all rheumatic history. There were no other signs of syphilis at any time, although she continued to attend for some weeks. A year or more previously, she had had a sore place near the angle of the mouth, and a conspicuous scar had followed; it seemed not unlikely that this might have been a chancre, and that she had had a second attack of syphilis; she was untruthful, and I did not place much reliance on her denial of other recent syphilitic symptoms. It may be interesting to mention that she was weak, anæmic, and excessively nervous when first seen, and that her health improved very much under the iodide, although she showed no external signs of syphilis.

In the first three of these instances, the rheumatic history given by the patients furnished an adequate cause for the iritis, and there was no reason for supposing that the syphilis had any influence in determining either the occurrence or character of the iritis. Case IV is certainly peculiar, being an instance of iritis without evident cause in a patient presenting symptoms of late tertiary syphilis; very possibly, however, there was no causal relation between the two affections.

THE TREATMENT OF PHIMOSIS BY DILATATION.

By R. CLEMENT LUCAS, B.S.,

Assistant-Surgeon to Guy's Hospital.

IN the BRITISH MEDICAL JOURNAL of October 7th there appears, under the title of "A New Method of Curing Phimosis", a short account by Dr. Griffith of three cases of phimosis treated by dilatation of the foreskin. One can but wonder that Dr. Griffith should have written of this as a new method. It would, indeed, be strange if so simple a means of treating phimosis had not occurred to surgeons generations ago. It has been practised by Mr. Edward Cock in suitable cases probably for half a century, and has been advocated by others. Thus Dr. Cruise, in the *Dublin Quarterly Journal* for 1869, recommends "sudden dilatation", and illustrates a very short paper with drawings of no fewer than four kinds of forceps by which this may be effected. He says: "In conclusion, I beg to say the idea of sudden dilatation as a cure for phimosis is not original with me. I saw the late Dr. Hutton use a dressing-forceps for this purpose fifteen years ago." Mr. Cock used to teach that gradual dilatation was generally to be preferred to immediate distension, and that it was applicable to cases of simple phimosis, when the prepuce was not of immoderate length, and its orifice was not thickened. In slight cases, the patient may be taught to dilate it. For the more severe, Mr. Cock some years ago invented a prepuce-dilator, which is of small size, and may be worn by the patient. It consists of four bars, which are separated by a screw, after the manner of Weiss's urethra-dilator.

That the treatment of phimosis by dilatation is anything but novel is proved by reference to the text-books in every-day use. Erichsen, in his *Science and Art of Surgery*, vol. ii, p. 755, devotes a paragraph of ten lines to a description of this method of treatment. Bryant, in his *Practice of Surgery*, vol. ii, p. 156, mentions without approval the