AMBLYOPIA WITH HAEMORRHAGES DUE TO TOBACCO AND (?) LEAD POISONING.

BY

MARION GILCHRIST, M.B., C.M.,

ASSISTANT OPHTHALMIC SURGEON, VICTORIA INFIRMARY, GLASGOW.

THE following case presents many points of both medico-legal and clinical interest.

A plumber, aged 43, was admitted to the Victoria Infirmary, Glasgow, as a case of intracranial pressure. He complained of dimness of vision of four to five months' duration. His family history was good. His health was quite good until five years ago. He was never off school nor off work till then. Since then he has had giddy turns occurring frequently, which pass off in a minute or two. He states that he was once treated by powders for those turns, and they got less, till he had them only once or twice a year. He himself thought his attacks were due to constipation.

On October 7th, 1924, he fell from a height of 9 ft. and bruised his left shoulder, but this, under his doctor's care and massage, got all right. A month later he noticed a slight shaking, especially when writing or when he got excited. This was diagnosed as neurasthenia, and treated successfully. He began work about the middle of January, 1925, and one month later noticed that his sight was failing, the right eye being worse than the left. As this got worse he was sent to the Eye Infirmary, and, on the report of the surgeon there, was sent into the Victoria Infirmary.

The surgeon's report was as follows: "Right optic disc is greatly swollen with haemorrhages in the fundus and choked disc. The left optic disc is paler, with no haemorrhages in the fundus. I am of the opinion that he is suffering either from head injuries from accident or from glycosuria, which may be due to the accident."

The house-surgeon's report on his condition on admission to the Victoria Infirmary was as follows: "Temperature, pulse, and respiration normal. He lies comfortably in any position; his gait on walking is normal. Pupils moderate and equal, react to light and accommodation. Elbow and supinator and knee- and ankle-jerks exaggerated. Ankle clonus fully present. Plantar flexor in type, sensation normal. Circulatory system normal, except slight systolic murmur. Gastro-intestinal system: tongue furred and teeth in bad condition, and has pyorrhoea. Urinary system: uric acid specific gravity 1020; no albumin, blood, or pus; no acetone; sugar 2 per cent. Later, trace of sugar only. Chronic suppuration in right ear and wax in left."

On August 19th I was asked to examine his eyes. His vision was very defective. An ophthalmoscopic examination of the right eye showed some neuro-retinitis, tortuous vessels, and many haemorrhages in the fundus, especially in the course of the inferior retinal artery. In the left there was also neuro-retinitis, tortuous vessels, and some small haemorrhages, and the optic disc was rather pale. From an ophthalmoscopic examination I diagnosed a fair amount of refractive error, worse in the right. His vision in the right eye was 0/60 and in the left 6/36. A correction of his refractive error gave him in the right 6/60 and in the left 6/24. I found that he smoked 6 oz. of black twist in a week, and I cut this off entirely. On August 26th his vision under correction right spherical +1.5 combined with cylinder 1.5 vert. gave him 6/36, and left under spherical +0.25 cyl. +1 D. vert. gave him 6/18. There were still many haemorrhages in the right eye and a few in the left. He was then put on to a mixture of potassium iodide and nux vomica.

On September 2nd his vision had improved to 6/24 right and 6/18 left. On September 15th it was 6/18 letters right and 6/18 letters left. On September 23rd 6/12 right and 6/12 left.

On October 12th it was: right 6/9 letters and left 6/12 letters.

On November 11th it was 6/9 in both eyes, and no fresh haemorrhages had appeared in the fundi. His vision, with distance correction, continued practically the same until January 6th, 1926. With additional right and left spherical +1.5 added to his distance correction he gets easily Jaeger 1 with both eyes. As he was anaemic I prescribed an iron tonic, and now his general health is good, and he has been passed as fit for light work.

The case had an important medico-legal aspect. If the lesions were due to a cerebral condition—connected with the fall—compensation was due, and this might have been quite wrongly awarded. It is certain that the fall had nothing to do with the condition.

It is unusual to find so much neuro-retinitis and so many haemorrhages in tobacco amblyopia.

The patient is a plumber and tells me he was constantly handling white lead, and often ate his "piece" or his meals without washing his hands; the question arises whether there was an element of lead poisoning in this case.

There is also the question whether the state of his teeth and the pyorrhoea had anything to do with the condition. I do not think so, for none of his teeth were removed, and, beyond brushing them every day, nothing has been done. It may be asked also whether the greater refractive error in the right caused that eye to be more affected than the left.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GLYCOSURIA AND ARTIFICIAL SUNLIGHT.

A MARRIED woman, aged 22, was sent to me for treatment of a disfiguring rash on the face of six months' duration; she had, she said, been treated medically for it for three months at least.

The rash had begun on the side of the nose, and when seen the distribution of the patches across the bridge of the nose, on the left ala nasi—especially along the edge of the nostril—on both malar eminences, and on the point of the chin, combined with the appearance and duration of the lesions to suggest lupus. On August 30th, 1925, the original Hanau vacuum lamp was used for the first treatment at a distance of 2 feet for three and a half minutes, directed over the whole area of the face, the eyelids being held tightly shut.

Next day severe local reaction was evident in and around the eyes and nose, but the rest of the face showed only the degree of erythema anticipated. There was painful conjunctivitis in both eyes and oedema of the tissues surrounding the eyes and nose; here the skin was tense, red, glazed, and painful, and pitted on pressure, and for two days the patient complained of inability to see clearly, though she continued her duties as housemaid. Previous to treatment the urine gave a heavy precipitate with the usual Fehling's test. The conjunctivitis and oedema disappeared in four days and sight became normal; when examined six days after treatment all facial lesions except one very small patch on the left cheek had vanished. To remove this she was treated with a moderate dose of two minutes at 3 feet on the face only. The reaction on this occasion round the eyes was very mild, lasted one day only, and the skin of the face entirely healed.

The patient returned on September 21st, as a few nodules, more impetiginous in appearance, were showing further out on the cheeks, but none in the previous situations. She was given a general sun bath with the Hanau lamp—three and a half minutes at 3 feet back and front. There was little reaction, but as the facial lesions had not healed a similar dose was given on September 25th, after which they entirely disappeared. On October 7th four small spots had appeared on the face and she was given general treatment—four minutes each back and front at 3 feet. Two small lesions about the size of a sixpence had been present over the end of each radius on the flexor aspect of the wrist from the beginning of treatment, and these had never received special attention, and at this stage appeared to have slightly increased in size; on this occasion these received an extra four minutes at 18 inches.

Next day there was slight oedema round both eyes; she said the eyes felt "itchy" and that she could not see very well, but the conjunctivae appeared normal. On October 16th all skin lesions were healed and the patient not only looked better but remarked on the very great improvement in energy and health, so that she now felt "very well indeed and quite fit for work." There was, however, still a heavy precipitate with Fehling's solution in the urine.

This case is remarkable for various reasons. (1) The rapid effect of artificial sunlight on the chronic facial lesions which had resisted previous treatment. (2) The severe local reaction to a small dose of artificial sunlight which raised suspicion and led to the discovery of sugar in the urine. (3) The very definite improvement in general health and vigour of the patient, though the treatments given were of short duration and at infrequent intervals, and in spite of the fact that the amount of sugar in the urine remained apparently unaffected.

Newcastle-on-Tyne.

CHRISTINA BARROWMAN.

INTESTINAL OBSTRUCTION BY GALL STONE.

THE following case may be of interest, following on the series recorded by Mr. Bennett in your issue of March 27th (p. 565), and Dr. Coldrey's communication of May 1st (p. 783).

A married woman, aged 69, was on May 4th, 1926, admitted to the High Wycombe and District War Memorial Hospital suffering from abdominal pain and vomiting of forty-eight hours' duration. The abdomen was rigid; tenderness was most marked in the right iliac fossa. The conjunctivae were definitely, but not deeply, jaundiced. The vomit was doubtfully faecal. There had been no motion of the bowels for "several days"—a fact, however, which had not perturbed the patient until the onset of pain, as she not uncommonly had but a single motion a week. Before seeking medical advice castor oil had been administered, but was rejected. An enema gave no results.

Laparotomy was performed by Dr. L. L. C. Reynolds. The appendix was found to be sharply kinked and bound down by adhesions; it was removed. At a point about six inches from the ileo-caecal valve the ileum was occluded by a solid body over which its walls were tightly stretched. The segment of gut above the obstruction showed the usual congestive and oedematous