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CASES OF RETINITIS; WITH OBSERVATIONS.

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After perusing Dr. Hocken's valuable paper on Retinitis in the last volume of the *Transactions* of our Association, I have been induced to collect a few cases of that disease, which may prove interesting, as they are so entirely in accordance with his views, and may draw the attention of the profession still more to a method of treatment so successful. Of the very acute form of retinitis, like Dr. Hocken, I have never seen a case. Of the milder kind of acute retinitis, all the cases I have seen have been caused by external injury. I subjoin a few; they are of the acute and sub-acute varieties.

CASE I.

September 19th, 1845. Louisa Shistone, aged 16, said she received last night a severe blow on the left eye, from the handle of a pump; she had had a good deal of pain in the night, and this morning the sight was much impaired. There is a slight ecchymosis on the inner part of the upper eyelid, but none on the globe; there is a narrow zone of minute straight crimson vessels surrounding, but not extending to, the cornea, there being a minute ring of uninjected white sclerotic between the pink zone and the cornea; there are a few dilated conjunctival vessels at the inner side of the ball; the cornea and iris are perfectly natural; the pupil is moderately dilated, but contracts on closing the sound eye; vision very imperfect, hazy; can with difficulty tell how many fingers I hold up before her; sees sparkles of light before that eye; pain of an aching and dull shooting character in the globe, but still more over the brow, and at the left temple; no lachrymation; very little intolerance of light; pulse 70; tongue clean. I opened a branch of the superficial temporal artery, and abstracted three ounces of blood, which entirely relieved her of pain, and improved the sight a little. I ordered her a quarter of a grain of the potassio-tartrate of antimony, in solution, every four hours. To be kept in bed without food, and in a dark room.

20th. The medicine produced sickness, purging, great languor, and prostration. There is a large ecchymosis at the inner and upper part of the globe opposite that on the lid; the vascular zone is much less evident; the sight is improved; no pain at all. To continue the medicine.

22nd. Ecchymosis of conjunctiva disappearing; vascular zone absent; sight perfect.

24th. Ecchymosis is much smaller; sight perfect; no pain; there is on very close inspection a very slight

and minute conjunctival vascularity all over the left eye-ball, as compared with the right. I found her sewing by candle-light.

There can be no doubt of this being a case of acute traumatic retinitis. If there are cases so violent as those described in systematic works, I would suggest their being named hyper-acute retinitis, to distinguish such very rare diseases from the common acute varieties. I think it would be wrong and dangerous to call such cases as the above sub-acute, since the disease is sufficiently active to nearly destroy sight in a few hours, and to require tolerably energetic treatment for its subjection, and since there are other forms of a much milder and yet active character which claim this designation as their proper title. I did not think it necessary to give mercury in this case, as probably no lymph had yet been effused; the defect of vision being due to the congested and dilated retinal vessels. When seen thus early I have always found it sufficient to bleed locally, until the pain has subsided, and then to keep up the first impression by tartarized antimony. I never attempt the abstraction of blood by leeches to the lids—first, because the blood is drawn much more slowly than from the temporal artery; secondly, because the quantity of blood is rarely such as to produce a sufficient effect; and thirdly, because the leech-bites are apt to produce ecchymosis and swelling of the lids, and consequent pressure on the globe, and sometimes erysipelatous inflammation. I do not take blood from the arm, because a much greater quantity must be drawn off to produce the proper effect; yet, if the pulse were strong and hard I should prefer this mode of blood-letting.

CASE II.

Wm. Peach, of North Perrott, applied to me January 14, 1842. He stated that about a fortnight ago he was cracking stones, when a fragment struck the left eye through the eye-lid. He had been since that time under medical treatment, but the sight gradually declined until he was unable to do more than distinguish light from darkness. He could not see the frame of the window of my surgery; he could only see that there was a light there; he had aching pain over the brow and at the temple, and saw sparkles of light when the eyes were shut, and in the dark; the pupil was rather contracted and dull; no intolerance of light. I cupped him on the temple to seven ounces, and ordered a blister to the neck, and six grains of hydrargyrum cum creta, and one sixth of a grain of opium, three times a day, and a blister behind each ear as soon as that on the neck should be healed, with abstinence from meat and stimulants. The pain

was entirely subdued by the cupping, and he could see more light.

21st. No pain; no sparkles of light; can distinguish the frame of the window, and see confusedly the trees opposite; the gums are swollen. To have a purging powder every third morning; to continue the pills and blisters; a drachm of Battley's liquor of sarsaparilla every morning. He says the right eye also is stronger. It had been sympathetically affected since the accident to the left.

28th. Can see the leaves on the trees opposite my surgery window; can see large print confusedly. To continue all the remedies as before.

February 4th. Sight better than in the other eye; it is now as good as ever; he can see small objects as distinctly as ever. (The other eye has been slightly defective for many years; this, the left eye had long been the best.) As the gums were still much swollen, and he was of a weak habit, I discontinued the pills, ordered one more blister to the nape of the neck, and the sarsaparilla to be continued one week longer. The cure was permanent.

Though I had no opportunity of seeing this case at its commencement, I have no doubt it was of a similar character to the preceding the inflammation going on to effusion of lymph. I do not distinctly remember whether the red zone existed or not round the cornea, and unfortunately I omitted to make a note of this. The good effect of the cupping was remarkable, and at once inspired the man with confidence in the result. The progressive action of the mercury was no less evident, and considering the great age of the patient, the case is very encouraging and shows how much power mercury has over these diseases. I did not use antimony in this case, as I have never found it beneficial except in the onset of the disease; when the second stage, that of effusion, comes on, antimony rather proves injurious, and mercury is our sheet anchor. I have never found it necessary to produce salivation, and believe that this is rather injurious than otherwise. I have imagined that the simultaneous exhibition of sarsaparilla prevents that nervous depression and injurious effect on the health which mercury so often produces, whilst the good effects of the mineral are in no wise lessened.

CASE III.

William Brake, aged 32, a miller; about six weeks ago, whilst employed at his trade, a small portion of sharp steel flew into the right eye, and penetrated the globe, and he fancied (erroneously) lodged there. He continued under the care of a surgeon for three weeks, the sight gradually and continually failing; his surgeon told him it would never be restored.

He applied to me August 13, 1840, complaining of slight lachrymation, adhesion of eye-lids in the morning, very slight intolerance of light, and blindness. On making him look at the window, he could see nothing but a dull red glare of light; he could not in the slightest degree distinguish the shape of the window. He had seen sparkles of light, but these had disappeared almost entirely. On examining the eye, there was a linear cicatrix at the inner portion of the cornea, and through the iris, in the axis of the globe; the pupil was of a sort of oval shape, elongated from side to side, and terminated inwardly in a point; the

globe deviated outwardly, so that there was a slight squint; the pupil was slightly dull. My note as to vascularity, merely says some redness of conjunctiva. The general health was good; but he was very nervous and anxious about his eye; pulse rather quick and weak. I ordered him a blister behind the right ear every fourth or fifth day, and five grains of blue pill every night.

August 21st. Can see more light, which is of a paler red; the redness of conjunctiva continues. To smear some dilute citrine ointment over the edges of the lids every night; continue the pills.

27th. Sees a little more light; is irritable and nervous; redness of conjunctiva less; lids do not stick. A blister to the nape of the neck.

30th. Sight greatly improved; can distinguish the finger at two inches from the eye; it appears of a flesh colour; the window no longer looks red, but white; redness of conjunctiva gone; the blister to the neck caused much irritation; he is very nervous and irritable; pulse slow and very feeble. One third of a grain of opium to be added to each pill; to have a pint of ale daily; a blister behind the ear; blisters to the neck and behind the ear to be continued alternately, and the pills as before.

Sept. 13th. The report is, can distinguish trees and the leaves of plants which are near; can count fingers two yards off; cannot see print, or distinguish dark-coloured objects. Continue everything.

22nd. A pill every other night; continue the blisters; gums sore.

October 4th. Can read moderate sized print with the affected eye. To continue the pills and blisters.

7th. Worked at his trade for the last two days for many hours by bright candle-light. Some pain in the eye yesterday, when, however, he said the sight was better than ever. This morning, on waking, could only distinguish light from darkness; the light is white. The other eye also is weak; there is pain over the brow and at the temple. He cannot see any light directly before the eye, but only outwards and downwards; totally unable to distinguish any object with the affected eye. I cupped him on the temple to twelve ounces. To have the pilula hydrargyri cum opio three times a day, and a blister to the neck.

From this time to November 30th, the sight continued to improve, and at the latter date was as perfect as in the left eye. Indeed it was so perfect as to be a serious inconvenience to him; for as this eye was deviated outwardly, its sight was no longer in unison with that of the other. As long as its sight was imperfect, its interference with that of the left was trivial; but when completely restored to its healthy function, its want of harmonising with the other eye was the source of continual annoyance, for he saw before him two pictures equally distinct, and was often unable to tell which was the correct one. The right eye being deviated outwardly, represented every object, perfect indeed, but to the left of the true position; while the left eye showed these same objects no more clearly, yet in their true places. It became then a most puzzling thing to know which was the proper place of the object thus doubly seen. In walking up the garden, for instance, he would see two walks alike distinct, the one gradually diverging to the left of the other. If he shut either eye

he could walk on equally well, (for on shutting the left eye, the right would at once start into place,) but if both eyes were open it required the greatest attention to prevent his walking over the border. He assured me he frequently struck and hurt himself by running against doors, in consequence of having mistaken the false for the true object, or *vice versa*. Fortunately about this time Dieffenbach's admirable operation for the cure of squinting became known. I, however, deferred the operation for some months, until all danger of a renewal of the retinitis should have passed. At length July 31, 1841, I divided the rectus externus muscle without difficulty. The eye returned to its place, and has since acted in unison with its fellow. He consequently sees only one bright picture, instead of two comparatively dim ones; and sight is in every respect as perfect as before the accident. The scar in the cornea and iris of course remain, as well as the distorted pupil, which does not contract quite so readily as that of the left eye; but he is not aware of any consequent inconvenience.

CASE IV.

Mrs. B., aged 56, applied to me November 8, 1840; there was inability on the part of the right eye to distinguish light from darkness; even the direct light of the sun was undistinguishable. This total blindness had existed for the last eight days; it was preceded, since the previous June, by the appearance of a large black object, which she likened to a leech rising and falling before the eye; and by numerous dark specks and motes, which dated from a remoter period. The sight of the eye had been failing for years; but, unfortunately, I did not take minute notes of the history of the case. She had been frequently exposed to the strong heat and light of a baking oven and fire, and had long had pain in the brow and temple. The iris contracts well, says my note; but I do not remember whether I observed this when the sound eye was closed. The pulse was feeble; there was frequent palpitation, debility, and pallor of countenance. To have calomel and opium night and morning, and sarsaparilla.

November 11th. Gums spongy; slight mercurial fœtor; can distinguish light from darkness; very weak; appetite quite gone; tongue foul, brownish; frequent heavy dreamy sleep. To have a pill every night only; sarsaparilla three times a day.

12th. Salivation; diarrhœa. To have *mistura cretæ comp.* and quinine; omit the pills.

16th. Diarrhœa subsided. A blister to the neck.

From this time up to April, 1841, the gums were kept slightly affected, and occasional blisters were applied; but with little further improvement. She saw rather more light, and fancied she could see the shape of the window, but could never see its frame, nor the opposite houses. She was most unwilling to give up all hopes of having her sight restored, and most reluctantly consented to discontinue the mercury. She continued until near her death to distinguish light from darkness with the affected eye. She died suddenly about a year after; in her garden, I am told from apoplexy.

Both these cases are very instructive; the latter especially, as shewing what mercury can and cannot do. In my notes of Case IV. I have omitted any account of the pupil, but I distinctly remember that it was

somewhat contracted and very dull, of a greenish brown dusky colour. In this last case it is evident that the lymph recently deposited was absorbed, and consequently the power to discriminate light from darkness was restored; but the larger portion of the deposited lymph being ancient and probably organized, was incapable of being absorbed, and consequently no further improvement took place. This teaches us the necessity of attending to these cases in time, and of warning our patients of the danger of delay; at the same time it urges us to employ the means in *every* case, for we know not to what extent the effused lymph may be absorbed, and consequently to what extent sight may be improved. If, however, no improvement have resulted after three week's treatment, we are entirely justified in discontinuing the mercury; for it will be seen from these cases, that the mercury began to act *quickly*—within a few days, and that its action continued without intermission to a perfect cure; or that when once stopped, no further amendment took place. All my experience teaches the same lesson.

Case III. shows how carefully we should guard against a relapse. After twenty-two days treatment this patient was able to read large print with the affected eye. Working in a bright light for two days at once threw him back to the state of vision a week before, with the addition of symptoms of active inflammation. It required more than a month to restore him to as favourable a position as that previous to the relapse; and the treatment which would probably have terminated in five weeks, lasted just double that time.

I must apologize for introducing at the end of this case, the description of the effects of squint, which may seem impertinent to the subject; but it followed so naturally on the case, which would have been somewhat incomplete without it, that I trust I shall be excused. I have some other cases to report, but I have already extended my communication to so great a length that I will at once conclude with a few observations on the diagnosis and treatment of acute retinitis, as it is usually met with.

The diagnosis may be summed up in a few words: the narrow zone of slender straight pink sclerotic vessels, terminating so near the cornea as just to leave a narrow ring of white sclerotic between the two; aching pain over the brow and temple, (sometimes shooting through the head,) and occasionally in the eye-ball also; dim hazy sight, varying in different cases up to complete blindness; sparkles or flashes of light seen when the eye is closed, and in the dark. These symptoms at once indicate an early stage of acute retinitis. Intolerance of light is not, according to my experience, a constant or very marked symptom; neither is lachrymation. Of the two, the former is certainly the more common. As to constitutional symptoms, I lay very little stress upon them. The constitution sympathises but very little with the eye, in which disorganizing inflammation may run its course without the pulse or tongue being affected. Indeed, when the constitution is in any way affected in the progress of retinitis, I am more disposed to attribute it to a concomitant, but quite independent derangement of the chylopoietic viscera, or to the effect of depression of spirits.

I shall offer but a very few words on the subject of treatment: mine will be seen by the foregoing cases. I have never used turpentine in retinitis, and I candidly confess, that having experienced to so great an extent, and so constantly, the good effect of mercury, and seen how well it is borne by delicate and nervous patients when sarsaparilla is also given, I am indisposed to resort to a new method, which may nevertheless answer as well. I feel obliged to Dr. Hocken for his testimony to its efficacy, as in case of peculiar idiosyncrasies it is of great importance to have a second means to resort to.

Yeovil, September 26, 1845.

CASES AND OBSERVATIONS IN HOSPITAL PRACTICE.

By RICHARD CHAMBERS, M.D., Physician to the Essex and Colchester Hospital.

Medicine would indeed be an easy science, if it consisted merely of a knowledge of the names of diseases, and the application of routine principles of treatment; but those who are conversant with disease, where it only can be studied, at the bed-side, must feel, that apart from the important considerations of age, occupation, constitution, locality, and many other circumstances, the name of a disease, affords but little assistance in deciding upon the proper line of treatment.

Although abundantly supplied with systematic works on the general principles of medicine, we possess but few works upon the special application of those principles to individual cases, or what may be properly termed clinical medicine, nor have we the opportunity of comparing the result of the treatment adopted under different observers.

This is a deficiency that may be easily remedied, if every practitioner would feel it, (as it undoubtedly is,) incumbent upon him to contribute from his experience to the general stock of medical knowledge. If this conviction could be generally impressed, we should not, as too frequently happens at present, have to refer in vain from one systematic work to another, for the elucidation of an obscure or important point in practice; and an invaluable amount of information, that is now wholly lost, would not only be rendered available for our own benefit and daily use, but would also be placed to the general account of our profession, and so tend to advance it as a science. It would enable us also to apply the numerical principle in estimating the value of the different methods of treating any particular disease,—rheumatism for instance, which one treats by bleeding, another by opium, a third by sudorifics, and a fourth by mercury and purgatives. Now, if we knew the rate of mortality, the duration of treatment, and the presence or absence of organic disease after each mode of treatment, how easily could we decide upon their intrinsic merit, and an amount of practical experience, that it would take an individual some years to work out from his own observations, could be more satisfactorily obtained in as many months, by uniting the experience of many observers.

How frequently do we see men who have acquired a tact in detecting and treating disease, and peculiar methods of employing particular remedies, take with them to the grave all that knowledge which it has

been the work of a life to acquire. The thirst after novelty is so great, that men are afraid to commit their observations to paper, unless they have some dazzling theory to offer. But it ought never to be forgotten that the commonest diseases are those with which we oftenest come into contact; and that it will avail us much more to know how to treat a case of rheumatism efficiently than to tell the number of globules in a given quantity of blood.

The same error obtains in surgery; and men who will strain their eyes to see an operation for aneurism, that it does not fall to the lot of one in a thousand to perform, will turn away from a case of fracture or dislocation, of which they may have examples daily, and by which their talents and acquirements are oftenest, and it may be, as severely tested.

Holding the office of physician to a public institution, and possessing in consequence an opportunity and facility for observing and treating disease that cannot be enjoyed in the practice of private life, I am anxious to share those advantages for the benefit of my profession, less by communicating the result of my own practice than by adding my name to those who have already set the example, and to induce other fellow-labourers to contribute an offering from their stores of accumulated and accumulating experience.

CHOREA.

Pamela Farren, aged 12, of a strumous weakly habit, was admitted into the Essex and Colchester Hospital, September 12, 1844, labouring under chorea of a fortnight's duration; the attack commenced with headache and insensibility. The whole body is in a state of incessant convulsive action; bowels confined; pulse 80.

R. Calomel., Pulveris Rhei, utr. gr. iv. Fiat pulvis statim sumendus.

Injiciatur Enema Terebinthinæ cras primo mane.

13th. The medicine has acted freely.

Capiat Misturæ Ferri, (Donavan's,) oz. i., ter quotidie.

14th. As solids were taken with less difficulty than liquids, I substituted the following powder:—

R. Ferri Carbon, gr. x.; Sodæ Sesqui-carb., gr. ij. M. Sumat ter indies.

19th. Repet. Enema Terebinthinæ. Contin. alia.

20th. Up to this date she continued to improve; but without any known cause the symptoms assumed their original severity. I increased the dose of iron to one scruple, and gave the following pill at bed-time:—

R. Extr. Stramonii, gr. ʒ; Extr. Hyoscyami, gr. ij.; Pulveris. Ipecac. Comp., gr. iiss. M. Fiat pilula.

22nd. She appears rather worse.

Omitt. pilula.

R. Calomel., Aloes, utr. gr. j.; Assafoetidæ, gr. iij. Fiat pilula omni nocte sumenda.

23rd. The iron disagrees; bowels are relaxed; feels worse.

Omitt. pilula et pulveres.

R. Mist. Cretæ, oz. iv.; Zinci Sulph., gr. iv.; Tinct. Catechu, dr. ij. Fiat Mistura; sumat cochl. j. magn. quater indies.

25th. She is worse in every particular; tossing herself from one side of the bed to the other, and does not take either food or medicine; her countenance has the appearance of fatuity; and at times she seems to be quite insensible. As a *dernier* resort I prescribed the following:—