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IRITIS—NON-MERCURIAL TREATMENT.

BY HENRY W. WILLIAMS, M.D., ONE OF THE ATTENDING SURGEONS TO THE BOSTON DISPENSARY.

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WHOEVER proposes an important deviation from the canonical precepts of our profession, is bound to justify his innovation by more than a mere array of statistics, given on his own authority, stating that a certain course has been pursued in a given number of cases, with such and such results. He should produce ample evidence of the nature of the disease he professes to have encountered, by detailed descriptions of the symptoms; otherwise, it may be doubted, by those to whom he is personally unknown, whether the cases to which he refers were really instances of the disease in question, or whether the severity of the attacks was such as to constitute them fair specimens of the disease. These points being established, it remains for him to exhibit the effects of treatment, and to justify the value he ascribes to it.

As a general rule, the universal approval of any plan of treatment is *prima facie* evidence of its excellence; but there are not wanting instances where the profession has condemned and abandoned the practice it had deemed correct. As respects iritis, there are peculiar reasons why the course inculcated by the highest authorities has been deferentially followed by those who have succeeded them. It was not till the beginning of the present century that iritis was recognized and described as a distinct disease. Its symptoms and grave results having been then forcibly brought to the notice of the profession, they were enjoined to lose no time in resorting to the use of appropriate means for checking those symptoms, lest the golden opportunity should be lost and never regained. They were taught, that to ensure the safety of the organ of vision, and the preservation of its powers, it was necessary to employ, at once, vigorous antiphlogistic and alterative measures; and, especially, that unless the system could be speedily brought under the influence of

mercury, it might be too late to secure its salutary influence, which, above all, it was essential to obtain.

Knowing, as we do, the serious consequences of the unchecked disease, we can understand how it has happened that physicians have felt unwilling to incur the consequences of delay, and have hastened to follow the course marked out as the only path of safety. The number of cases falling under the care of most physicians has been too small to allow them to form confident opinions of their own, and they have concurred in the treatment which seemed to be adopted by general consent. The successful cases have been passed to the credit of the remedies; the unfortunate results have been ascribed to the formidable character of the malady, the constitution of the patient, his delay in invoking medical aid, or his insusceptibility to the influence of the specific treatment.

But it is obvious that if we *can, safely*, spare our patients the infliction of heroic remedies, from the effects of which they may be months in recovering, we confer a great benefit on them, and obtain another triumph for our profession.

The conclusions arrived at in this paper are based upon sixty-four cases of iritis, of every degree of severity, including its idiopathic, traumatic, rheumatic, and syphilitic varieties. To these might be added others, where the patients have not remained under my observation, but where I have heard of a successful result of the treatment advised. The sum of the above embraces *all* the cases I have met with since I fully adopted the treatment described, and is not a report of the favorable cases only. In no instance within my knowledge have the results obtained been less fortunate than in the cases which will be related.

Not to weary the attention of the members of the Society by a repetition of almost precisely similar symptoms, details will be given of a small number of cases only; but sufficient to afford the evidence, which, as I have already shown, should be demanded, to sustain the positions assumed. It is proper, however, to state, that in forty-three of the cases alluded to, my diagnosis has been confirmed by other physicians with whom I have seen the patients; and among these a considerable number are colleagues in this Society.

The number of cases may seem too small to warrant their being brought forward; but it appears considerable, when we reflect that iritis is, comparatively, a rare disease.

I was first induced to vary from the plan of treatment we have usually pursued, by having under my care, within a short period, several cases, where, on account of the age or constitutional condition of the patients, it seemed desirable, if possible, to dispense with depletion and mercurials. The improvement was in some of these cases so rapid, and their termination so unexpectedly favorable, that the same method was cautiously adopted in the treatment of other patients.

CASE I.—Mr. —, a gentleman of middle age, was seen in

consultation in the midst of a severe attack of iritis, on the 25th of April, 1854. He was subject to rheumatism, but free from other constitutional affection. The pain in and above the eye had become so severe that he was unable to obtain sleep, even under the influence of large opiates. The photophobia was so intense that he remained in a room from which light was wholly excluded, and it was with difficulty that he could support an instant's examination of his eye. The pupil was extremely contracted, irregular and hazy, and the sclerotal injection very vivid. Vision was almost abolished. The previous treatment had consisted in an application of leeches to the temple, and a cathartic of blue pill, together with opiates to relieve pain.

We at once applied a solution of atropia (ten grains to an ounce of water) to the conjunctiva, and directed that the application should be repeated in the afternoon. To bathe the eyelids frequently with an infusion of rose leaves and poppy capsules. Quin. sulph. gr. i. *ter die*. Ten grains of Dover's powder to be taken at once, and, if the pain becomes aggravated towards evening, to take the same every hour till the pain is relieved. He had little appetite, on account of the suffering he had experienced, but was encouraged to eat as much as he felt inclined to do.

25th.—Slept very little on account of pain, which is still very severe. Has rather less intolerance of light; but there is no diminution of the sclerotal injection, and the pupil has not yielded to the atropia. The iris is considerably discolored. Continue quinia. Potass. iod. gr. v. *ter die*. Substitute liq. morph. sulph. for the Dover's powder. Apply four leeches to temple. Employ the solution of atropia as yesterday. May take game.

27th.—Had a more comfortable night. There is a little less injection and photophobia, but the pupil remains as before.

28th.—Had more appetite and less pain yesterday. The pupil is enlarged in some directions, but slightly adherent at other points. Less intolerance of light. Same treatment as yesterday, with the addition of an enema to procure an evacuation. He was advised to allow more light and air in his room, but to wear a shade over his eyes. Good diet.

29th.—Less injection. Pupil has become more dilated. Had a more comfortable night.

I did not see him on the 30th; but on the 1st of May his physician again requested my attendance, as he had imprudently gone out of doors in unfavorable weather, and the symptoms had become aggravated. The eye, however, recovered at once from this relapse, and my attendance ceased after three more visits. During this time the pupil became well dilated, the injection of the eye rapidly diminished. The treatment was gradually discontinued, and when I saw him, some weeks after, the eye was entirely well, and the adhesions of the edge of the pupil had given way. He has had no recurrence of the disease.

This case must certainly be considered as a severe attack of rheu-

matic iritis, yet the urgent symptoms began to yield on the fifth day from the commencement of treatment, and the entire duration of the disease was but a brief period. The recovery, notwithstanding the temporary synechia, was perfect.

CASE II.—Mr. —, clerk, æt. about 35. Is of lymphatic and debilitated constitution, and has a sedentary occupation. Not subject to rheumatism. Never had syphilis, but only a discharge from urethra.

June 25th, 1854.—He ascribes his attack to an exposure to reflection of the sun's rays from the water. The sclerotica was considerably injected, the anterior chamber so hazy that it was impossible to see the precise condition of the pupil, and vision very indistinct. The circum-orbital pain was not very severe. Considerable photophobia. Applied atropia. Ordered pil. cathar. co. gr. x. Liq. morph. sulph. to be taken during the night *pro re nata*. Quin. sulph. gr. ii. *ter die*.

26th.—No improvement. Passed a restless night, but has less pain this morning. No enlargement of pupil. Re-applied atropia. Continue quinia. Three leeches to temple. Soothing fomentations.

27th.—Much the same as yesterday. In the afternoon he sent for me on account of an access of more severe pain. Three leeches to temple. Potass. iod. gr. v. *ter die*.

28th.—Has been more comfortable, and the pupil is perhaps slightly enlarged by the atropia. Anterior chamber less hazy, but there is slight hypopyon. He bears the light better. Continue medicines.

29th.—Hypopyon rather less. Pupil larger, but not perfectly round. Vision less hazy. Little pain.

30th.—Still improved. Less hypopyon. Less injection. No pain. Discontinue quinia. The appetite permitting, may take more food.

July 3d.—Has steadily improved. Hypopyon absorbed. Walked out a short distance.

5th.—Discontinued visits. Eye is still slightly sensitive to light, and vision has not yet become perfect for small objects. In three or four weeks he had fully regained the use of this eye. Several months after this he had another, still more severe, attack, causing much apprehension in the minds of two gentlemen who saw him for me during my absence for a day from the city. But from this he recovered in three weeks, so far as to require no further treatment, although vision did not become absolutely perfect until some little time after the disappearance of all external traces of inflammation.

CASE III.—Mr. —, æt. 30, painter, was seen in consultation on the 3d of October, 1854. Has suffered very much from rheumatism, from the effects of which he has not yet recovered. General aspect feeble. Had chancres about nine months since. He says he had no uneasiness in his eye till a week since, and was then

advised to use a collyrium of nit. argenti, with calomel as an internal remedy. For three or four days past his left eye has become much worse, vision being abolished. He has had much circum-orbital pain, and last night was unable to sleep. The eye exhibits considerable conjunctival and sclerotic injection. The anterior chamber is very hazy, so that the exact condition of the pupil cannot be seen. The iris seems little altered in color, but has a dull aspect on account of the haziness just referred to. It has none of the greenish or reddish discoloration often seen in syphilitic iritis, and no tubercles of lymph are to be seen on its surface. The pupil is contracted, and its edge *appears* to be united to the crystalline capsule by a deposit of lymph. The solution of atropia was put into his eye. Quin. sulph. gr. ii. *ter die*. Ten grains of Dover's powder at night, and repeat the dose if required to ensure sleep. Good diet.

4th.—Had a comfortable night after one dose of Dover's powder. Has no pain to-day. Pupil is not dilated by the atropia, but the anterior chamber seems clearer and the injection of the eye a little less. Repeat remedies.

6th.—Has been free from pain, and the eye is losing its injection. The pupil remains fixed, and he has no vision, but only a perception of light. The anterior chamber offers a curious appearance—as if a false membrane which had lined the cornea and rendered the anterior chamber dim to the eye of the observer, had become separated and had shrunk to one half its dimensions, its edges being shrivelled. This membrane appears to be connected at its centre with another false membrane deposited on the anterior surface of the lens, and to which the edge of the pupil seems adherent.

8th.—The false membrane mentioned on 6th, seems to have become absorbed from the anterior chamber. The central portion of the capsule of the lens is still covered with a cloudy deposit, but the pupil is dilated so as to leave a narrow clear space around this deposit, and he has some vision.

11th. He has taken cold, and there is some lachrymation and more redness of the globe, but the state of the pupil is improved.

13th.—He had so much pain that he took an opiate on the evening of the 11th. The pupil has become *perfectly clear*, except a single shred of false membrane, and vision is quite good, though not yet perfect.

18th.—Vision continues good, though he has had two attacks of pain, probably occasioned by very unfavorable weather.

24th.—Vision is good for large objects. Pupil clear. Eye not sensitive to light or air. Discharged cured. Some time afterwards vision had again become perfect for small objects.

This case was one of great interest, from its probable syphilitic complication, and from the perfect re-absorption of very extensive effusion, rendering the result a far more fortunate one than I had anticipated. The prognosis, at the time the patient was first seen, was quite unfavorable.

CASE IV.—Mr. —, æt. 24, returned from California at the end of September, 1854. A year since he had chancre, followed by a small bubo, which discharged a little pus. Has lately had rheumatism. Has been subject, as well as I can judge from his statement, to attacks of conjunctivitis, easily subdued by applications of cold water.

A week since he began to have uneasiness in right eye, and noticed dimness of vision. Cold water gave him no relief. Has had some pain in temples when facing the lamp in the evening, but has slept free from pain.

Was first seen on the 25th of October, 1854. The right pupil is contracted, and adherent at numerous points around its entire margin. It dilates but very slightly, and only at some points, under the influence of solution of atropia, ten grains to the ounce of water. There is no discoloration of iris. The anterior chamber and the field of the pupil are slightly cloudy. Vision is very dim. Sclerotic slightly injected. Ordered an infusion of rose leaves and althea root, to be used, tepid, as a lotion. Quin. sulph. gr. iss. *ter die*.

27th.—He says the pupil remained small and irregular after the application of the atropia, but the next morning it had dilated and become regular. It is now moderately dilated, all its adhesions have become detached, and the pupil seems less cloudy in the centre of its field. The sclerotic injection is less, and the eye is less sensitive to light.

29th.—The pupil is not at all cloudy, but its edge is turned slightly backward, showing that there is congestion of the iris. The effect of the atropia has passed off. Eye free from injection.

31st.—Yesterday and to-day have been rainy, and the eye is as much injected as on the 27th. The globe is more sensitive when pressed upon. Re-applied atropia. Continue quinia.

Nov. 3d.—He has steadily improved. The eye is free from injection. Pupil is clear, and dilates readily under the influence of atropia. I allowed him to return home to the country, and when I next saw him he had continued well during the whole period of several months.

In this instance the subjective symptoms were not very severe, but the apparent alterations in the field of the pupil were very considerable. Had the patient been placed under the influence of mercury, the case might have been cited as a proof of its efficacy in promoting the absorption of the effused lymph forming the adhesions of the edge of the pupil.

CASE V.—Master —, æt. 15, schoolboy, was attacked with severe inflammation of both irides in consequence of riding in the wind. I saw him Jan. 24th, 1855. There was much sclerotic and conjunctival inflammation, copious lachrymation, severe pain, and considerable photophobia. Iris has in both eyes lost its natural striated aspect; pupils are contracted, but regular; vision very dim. Applied solution of atropia. Ordered quin. sulph. gr. i. *ter die*. Dover's powder at night *pro re nata*. Apply two leeches to each tem-

ple, and repeat atropia at evening. Bathe eyes with tepid lotions of milk and water.

25th.—No improvement. Slept little, and through yesterday had pain almost continuously. No appetite. Tinct. opii at night p. r. n.

26th.—Had a comfortable day, but severe pain last night, though he took laudanum in addition to his Dover's powder. Apply three leeches to right temple. Potass. iod. gr. v. *ter die*.

27th.—Patient had a rather more comfortable night, but is much depressed by dimness of vision and long-continued pain. The injection of the eyes is rather less, but the irides still look puffy and congested, and their color remains abnormal. Pupils are still contracted.

30th.—The eyes have rapidly improved, so that for two days he has had little pain or intolerance of light. The pupils have dilated to a moderate extent, but are slightly adherent at some points to the capsule of the lens. He has some vision.

Feb. 1.—The injection of the eyes slowly diminishes. Continue quin. and potass. iod. Good diet. Atropia to be used once in two days, to endeavor to detach the adhesions.

10th.—Is able to go out, with a shade to protect the eyes from bright light. Color and aspect of irides almost natural. Pupils nearly regular. Vision good for large objects. Continue potass. iod. only.

I ceased my visits on this date, seventeen days from the beginning of the attack. His vision became perfectly good in a short time. Two or three slight adhesions of the margin of the pupil were the only remaining evidences of past inflammation.

After an interval of six months, this boy had another attack; but it was less severe, and under a similar treatment continued but ten days, though both eyes were affected.

(To be continued.)

ANTIMONY IN RIGIDITY OF THE OS UTERI.

[Communicated for the Boston Med. and Surg. Journal.]

MESSRS. EDITORS,—Much has been said of late relative to the use of antimony and lobelia in the treatment of rigidity of the os uteri. As a philanthropist, I feel it incumbent upon me to add my feeble testimony in its behalf; and I know of no better way than through the medium of your very excellent Journal. In my humble judgment, there is no subject of more paramount importance now before the medical world. Doubtless many are familiar with the efficacy of this mode of treatment, but I am constrained to believe that a large portion of the profession in the South and Southwest are not alive to it. A succinct history of one case must suffice upon the present occasion.

May 14th, 1856.—I was called to a negress aged 22, of robust and plethoric habit. I arrived at 6 o'clock, P. M., and found her in labor with her second child. The pains had been regular, with