

difficulty in making a positive diagnosis, but, as in the case reported, where these conditions are not positively made out, and where there are other concomitant data pointing to the serofulous diathesis, a doubtful diagnosis necessarily mars the symmetry of the case. Doubtless the syphilitic diseases of infancy are more frequently confounded with serofulous affections than any two distinct classes of diseases, and hence has grown the not unprevailing opinion, first perhaps promulgated by Lugol, that syphilis bears a genetic relationship to struma. In this case the satisfactory progress of the anti-syphilitic treatment adds strong confirmation of the correctness of the diagnosis.

---

ART. XI.—*Case of Retinal Separation in the Right Eye and Amaurosis Uræmica in the Left, occurring simultaneously.* By ALBERT G. HEYL, M.D., of Philadelphia.

THE following case, although coming under my notice so long after its inception, is still worthy of record, not only on account of its rarity, but also from its illustrating the part played by chronic renal disease in the production of retinal separation and certain amaurotic conditions.

Mrs. E. B., aged 45, married, presented herself on the 2d of June last, at the dispensary N. E. corner of Eighth and Locust, with the following history. She has always been remarkably healthy, never having been confined to bed with sickness, except, when a child, with scarlatina. She has, however, at times suffered from what appear to have been attacks of cerebral congestion; this condition when occurring at the menstrual period has always been relieved by the discharge. During a severe attack of this kind, marked by violent headache, confusion of mind, tendency to vomit, a violent thunder storm, by which she was very much frightened, arose; while sitting in a neighbour's house, whither she had fled for refuge, with her face bowed upon her hands, she suddenly discovered, in momentarily uncovering her eyes, that she was totally blind. Extremely agitated, she was induced by her friends to recline upon a lounge, and soon fell into a doze lasting about an hour; on awakening vision had partly returned in the left eye, and in another hour was completely restored. But in the right eye no change in vision from the time of accident until the present has occurred.

The patient is a short, stout, thickly-set person, with a constantly flushed face; otherwise presenting nothing noticeable; answering questions quickly and intelligently; no evidence of anything like paralysis having existed. Heart sounds normal; no albumen in the urine at the time of examination, but microscopic examination showed the presence of granular casts indicative of chronic renal disease.

On inspection the eyes seemed in every respect to be normal; movements of eyeballs perfect. Irides of a gray-blue colour, dilated each to the extent of two millimetres. Further examination showed the following:—

R. E.—Able to count fingers, held downward and upward at a distance of two and a half feet. Visual field defective except in the portion corresponding to the upper inner portion of the retina. Tension of the ball decreased. Oblique illumination showed a slight cloudy reflex from the vitreous body, and two round blood clots, partially decolorized; they were posterior to the inner lower edge of the lens, lying upon and doubtless proceeding from the corpus ciliare.

Ophthalmoscopic examination showed cloudiness of the vitreous body, floating opacities and a sheet of separated retina like a mass of rugged ice floating hither and thither as the ball was moved.

Upon the surface of the separated retina could with difficulty be detected a number of anastomosing thread-like lines which proved to be degenerated retinal vessels.

L. E.—Vision =  $\frac{20}{20}$ . Reads Joeger 7 nt about eight inches, but only able to read for a few moments at a time, owing to an irritable condition of the retina. Visual field normal. Tension normal. Refraction emmetropic. Oblique illumination showed nothing abnormal. Ophthalmoscope revealed great sensitiveness to light; media were clear; retinal veins full and somewhat tortuous; the arteries in comparison appeared small. Optic disk and retina somewhat clouded. Rim of the disk not quite so sharply defined as in the normal condition, but still clearly distinguishable.

Such was the history, such the ophthalmoscopic appearances two years after the accident, and in order to obtain a clear but comprehensive understanding of both, let us examine the condition of each eye somewhat in detail.

R. E.—In this eye during what would seem like an attack of cerebral congestion, there was the occurrence of continuous, almost total blindness, and an examination two years subsequently, the morbid changes already named. Of course the retinal separation at once accounted for the ocular disease, and the only difficult thing to understand, is the method by which this was accomplished, and this difficulty is much enhanced from the length of time which elapsed between the accident and her application to the dispensary.

However, we may consider the cause of the retinal separation to have been either an extravasation of blood or an exudation of serum.

1. An extravasation of blood—a hyperæmia of the intra-ocular vessels, consequent on the turgid condition of the cerebral veins and sinuses, produced a tension of the vessels greater than they could bear, and the blood poured forth soon separated the delicate connective tissue between choroid and retina. This view is maintained somewhat by the existence of the blood-clots observed on the corpus ciliare, which, although much more recent than the accident, still point to a condition favorable to intra-ocular hemorrhage, and further, the existence of chronic renal disorder, so often productive of vessel-degeneration and consequent fragility of the vessel-coats, would add to the weight of this supposition. Retinal separation from extravasation of blood is, however, a very rare condition, so much so that some authorities have doubted its occurrence. Stellwag<sup>1</sup> believes that in some instances it does occur. Bowman<sup>2</sup> says on this point, "I have no doubt whatever that effusion of blood into the chorio-retinal space sometimes occurs in consequence of a previous diminution of eye tension."

<sup>1</sup> Lehrbuch der Augenheilkunde, s. 218, Wien, 1870.

<sup>2</sup> London Ophthalmic Hospital Reports, vol. iv. p. 134.

Von Graefe<sup>1</sup> mentions the case of a patient in whom the hemorrhagic diathesis existed, and who, after repeated attacks of hemorrhage into the skin and from the kidneys, was suddenly seized with total loss of vision in each eye; on examination retinal separation in each eye was found, doubtless dependent upon extravasation of blood. I have in addition the notes of a case in which a large blood extravasation with consequent retinal separation occurred from a missile from an air-gun impinging upon the eyeball.

2. An exudation of serum might have produced the separation; and this idea in turn receives confirmation from the fact of the existence of chronic renal disease, so often accompanied by blood changes favourable to serous effusion. There is, however, one difficulty with both of these suppositions, which is somewhat difficult to meet, viz.: How is it possible, in a perfectly normal ball with normal tension, for an effusion, sanguineous or serous, to force asunder retina and choroid? Or, given, two normal eyeballs exposed to an influence equally powerful as we suppose it to have been in the present instance, how is it that, in one we have a temporary blindness produced, in the other an irremediable pathological condition? The only way out of this difficulty would seem to be the supposition, that previous to the accident the right vitreous was fluid and partially absorbed, and thus the way opened for a retinal separation, which would take place provided the proper motive power were furnished.

Let us now briefly consider the temporary anourotic condition of the left eye. In this eye, it may be remembered, with pre-existing head symptoms occurred sudden total loss of vision, with gradual but perfect return in the space of two hours. On examination of the eye two years subsequent to the accident, nothing abnormal was noted except a hyperæmic and irritable retina. Taking into consideration the pre-existing head symptoms coupled with chronic renal disease, we may without much hesitation refer this case to that class which bears the name of anourosis aræmica. The same blood changes and the very possible hyperæmia existing in the right eye were also common to the left; owing, however, to a sounder condition of the vessels, and to a more incompressible vitreous, a sudden serous transudation was poured out, which so compressed the retinal capillaries as to produce a temporary anæmia of the retina and the consequent temporary abrogation of function; it may be considered by some that this process was intracranial and not intraocular, but the pathological conditions of the right eye must strongly incline us to the latter views; after a short time, the mental agitation having subsided and absorption of the serum taking place, the capillary circulation was restored, molecular changes renewed, and the function of vision gradually but surely re-established.

Thus it would seem that this case of temporary anourosis is referable not to a transitory embolism, as in Maathuer's case reported in the July number of this Journal, nor to lack of power in the blood to properly nourish and vitalize the tissues, but simply to the anæmia of the retina

<sup>1</sup> Archiv für Ophthalmologie, I. B. I. abth. s. 370.

dependent upon the mechanical pressure of a serous fluid; in a word, the views of Traube<sup>1</sup> with regard to the head symptoms in uræmia as being dependent upon acute anæmia of the brain, caused by œdema of the brain tissue, are considered to be applicable to the retina in this case. Rosenstein,<sup>2</sup> who accepts Traube's views as being applicable to most cases of uræmia, considers the pure uræmic amaurosis with negative ophthalmoscopic conditions as a certain but very rare occurrence.

Hirschberg<sup>3</sup> observed a case which he hardly considered as due to a uræmic condition, but which doubtless ought to be ascribed to it, and which in this connection may be quoted: the patient, a full-grown man, after suffering with headache for two days, was suddenly seized with double complete blindness. Besides great weakness and slowness of intellect nothing abnormal was observed. Absolute amaurosis was present except feeble remains of light sensibility; pupil moderately dilated; its reaction slow; under appropriate treatment complete restoration took place on the following day. This case, although having distinctive features, yet bears sufficient likeness to the one described in this paper, to enable us to link them together as examples of the uræmic amaurosis.

One word with reference to the management of this patient: the eye trouble in this case is but an effect of a general disorder, and the intra-ocular lesions, serious as they may be in regard to the usefulness of the patient, are trivial compared to cerebral changes, very possibly fatal to life, which might occur. Such a patient, therefore, ought never to be entirely free from medical supervision; proper hygienic regulations should be enforced; the condition of the kidneys as far as possible ameliorated, and the morbid changes dependent on the renal disease combated.

1537 PINE STREET, PHILADELPHIA.

ART. XII.—*Case of Habitual and Excessive Constipation; Eight Months and Sixteen Days between Fecal Evacuations.* By THOMAS D. STRONG, M.D., of Westfield, N. Y.

M. B., now residing in Sheridan, Chautauque Co., N. Y., æt. 26, height 5 feet 10 inches; unloaded weight 125; skin pale, and has a waxy look; tongue clean and pale; has been habitually constipated from childhood.

The first medical history of him, which I have obtained, is by Dr. Geo. S. Harrison, of Sinelearville, who attended Brooka when two years old for costiveness. His habit then was to go about two weeks without fecal evacuation.

<sup>1</sup> Vide Niemeyer's Practice, vol. II. page 32.

<sup>2</sup> Pathologie ü. Therapie der Nieren Krankheiten, 2te Auflage, p. 153.

<sup>3</sup> Jahres Bericht der Ophthalmologie, i. p. 363.