THE CANADA LANCET.

A M ONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE, CRITICISM AND NEWS.

Vol. XXIV.] TORONTO, MARCH, 1892.

[No. 7

Original Communications.

SYMPATHETIC OPHTHALMITIS—A PRACTICAL STUDY.*

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Mr. President and Gentlemen,—In attempting to place before you to-day a few thoughts upon the subject of Sympathetic Ophthalmia, I am led to do so by questions that have arisen in dealing with such cases as have fallen under my direct observation; and as you are all likely to meet with similar cases, I feel the less diffidence in addressing you at some length in connection therewith.

That inflammation might arise in a sound eye, the result of and caused by pre-existing inflammatory processes in the other, is a fact long since noted, but the only really earnest investigations into the subject have been made within the last fifty years.

The pathology of this disease is an interesting study, but as yet the question is so unsettled that we can hardly gain any positive and reliable indication in treatment from its consideration.

The idea advanced in 1844 by McKenzie, of Glasgow, that the irritation travelled by the path of the nerves from the one to the other eye, has still to be shown to be unsound.

The bacteriological investigations of Deutschman, who maintains that he has proved conclusively by experiment, the presence of bacteria in the affected eye, which have travelled thither from the irritating eye by means of the peri-vascular

lymphatic system of the optic nerve, are held by Schweigger, Alt and others, to upset the nervous theory, and to settle the question finally by proving that this disease is dependent alone upon the entrance of bacteria—an obvious inference being that the disease can be prevented by procuring and maintaining an aseptic condition of the irritating eye.

Even if the presence of these bacteria were always discoverable, they would not in any way explain the lapse of time which sometimes occurs between the injury to the irritating eye and the onset of the sympathetic inflammation—a period which in one case is recorded as sixty-one years. Moreover, the results of Deutschman's investigations have been denied by Randolph, who in a large number of experiments on animals, was never able to detect the presence of bacteria in the eye or the optic nerve of the sympathizing side.

I think we are still bound to admit that clinical evidence is in favor of the theory that the influence is a nervous one, travelling by the ciliary nerves through the ophthalmic ganglia of the sympathetic, trophic and the vasomotor nerves, or by the optic nerve, exciting trouble in an eye otherwise sound, and so giving rise to the various conditions present. The share which bacteria take in the causation, if any, is still undefinable.

The view I have here urged, is directly opposed to that of the author of a recent article in the Montreal Medical Journal, who adopts the bacteriological theory of causation as the only tenable theory. Much as I respect his opinions, I submit that we have many instances where a constantly irritated point will give rise reflexly to pathological conditions elsewhere, as in the nasal neuroses; and that while it is true that in those cases where the removal of the irritating eye has been too late to prevent the occurrence of the sympathetic inflammation in the other, the virulence of this inflammation has been modified by the enucleation, this fact only goes to show that the cause was neuropathic, for with the removal of the irritating point, the effect upon the nerves soon wore off; whereas, if bacteria have once travelled from the one eye to the other, I fail to see how their action in their new home could be modified by the fact that their former one was destroyed after their departure.

The cases of eye trouble in which so-called sym-

^{*} Read before the Huron Medical Association at Seaforth, January, 1892.