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OBSERVATIONS ON IRITIS.

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Inflammation of the eyeball is the term often used to express a state of inflammatory action ending in suppuration of the globe of the eye. But this is too restrictive a sense of it, only a part of its meaning—*namely*, in which the symptoms are in greatest severity—it needs a far wider application, and embraces many other pathological states, some of them in the onset but slight.

I know that it is a common idea to suppose that so long as there is no "iritis" there is not much danger at hand. The incorrect term "iritis" has been a great bar to the proper understanding of this subject. There is no such disease as pure iritis. It never exists. The iris is *never* affected in any inflammatory manner except as a part of general inflammation of the eyeball, and certainly never primarily affected, not even in the specific diseases of syphilis, and rheumatism, and gonorrhoea. Vision is first impaired, which shows that the tissues at the back of the eye are always first influenced, or at least so far as we can appreciate the invasion of disease, and there is invariably unnatural redness of the surface of the eyeball, and enlargement of the veins returning the blood from the front of the eye, showing disturbance of the balance of the circulation within, before the iris can be said to manifest disease. In the most acute examples of so-called "iritis," the retina and the choroid suffer more from structural change than the iris. The existence of such symptoms, whether specific, idiopathic, or traumatic in origin, are undeniable instances of inflammation of the eyeball.

Inflammation of the eyeball too, like inflammation of other organs, exists in degrees, and has small beginnings; the iris does not change its colour and undergo other phases due to its peculiar organization, till the inflammation is somewhat advanced: and it is of paramount practical importance to recognize the commencement of the disease. I shall try to give some rules for guidance. Redness of the conjunctiva is the common external evidence of it, and that which is for the most part the first noticed, but it must not be taken alone, however intense or threatening it may seem. It must be noted, and corrected by the *late of vision*, the most sure and certain guide, whether in connection with any other symptom or alone. So long as the *sight* is clear and unaffected in any way, there can be no inflammation of the eyeball: any redness of the eye is merely on the surface, and is due, perhaps entirely, to the conjunctiva. Always let its integrity or impairment be taken as the condition of health or disease. For years I have satisfied myself that there is no particular arrangement of the blood vessels that can be depended on, as a proof of this or that part of the eye being affected. It frequently happens to me, to see a student separating the eyelids of a patient whose eyeball is red, suspecting "iritis,"

and trying to tell, according to certain theories yet taught, whether the arrangement of the blood vessels indicates scleroticitis, and therefore the presence of the supposed disease. When I am appealed to, I say, take the state of the *sight* as your test, and never think of the direction of vessels. The less you know of the appearance of diseased eyes, the more will it serve you. I was called to see a nobleman whose eyes were supposed to be in great danger. When I entered the house, the surgeon in attendance said to me: "This is a case of very severe double 'iritis.' Each sclerotic is covered with pink vessels, radiating towards the corner, and the irides are rather dull. I saw Lord—only this morning; I have sent him to bed, bled him, put him on slops, and just commenced with mercury." I admitted some light into the room for my examination. The eyes were very red. I tried the state of the *sight*, and I found that with each eye the smallest type that is made could easily be read. In a word, vision was perfect. The case was merely one of incipient catarrhal ophthalmitis.

Then there may be inflammation of the eyeball setting on very insidiously, accompanied at first with but slight external redness, in consequence of which I have known many blunders committed; the *sight* test is here, too, very valuable. Pain is the next most reliable symptom to arrest our attention, but it is secondary in diagnostic value. It never helps as far as the *sight*, which serves us as much in the treatment of the disease as in its recognition, for the improvement in it tells whether our remedies are potent, and when it is time to leave them off, or to lessen them. When therefore at the time of an accident, there has not been direct or immediate impairment of *sight*, though some mechanical lesion of the eyeball, the first disturbance of seeing should arouse the stranger's suspicion.—*London Medical Times.*

COLD AFFECTION IS NARCOTIC POISONING.—The London Medical Times recently mentions a case in which Dr. Harley succeeded in restoring a young woman who had accidentally swallowed six drachms of a mixture of laudanum, chloroform, and hydrocyanic acid, by pouring cold water on her forehead. After drinking the mixture, she immediately vomited a portion of it, and then fell down comatose. Dr. Harley administered hot coffee and nitric ether, and tried artificial respiration. No great improvement was perceptible; but on the application of cold water to the forehead, the effect was magical. The patient began to breathe more freely, and she lost some blood from the nose. As soon as the affusion of cold water ceased, the coma returned, and was again removed by renewing the affusion; the patient soon moved her arms and legs, and seemed anxious to avoid the stream of water, as if it caused her pain. This treatment was renewed at intervals until the following day; and in sixty hours all the bad symptoms had disappeared.