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## Original Communications.

### REMARKS ON SYPHILITIC IRITIS.

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Inflammation of the iris due to the poison of syphilis, is of frequent occurrence, and owing to its often painless and even insidious onset, it sometimes happens that it is overlooked until extensive adhesions have taken place between the iris and the lens capsule, and irreparable damage has been done. Hence, in all cases of syphilis, great attention should be paid to any eye symptoms which may arise, as an early recognition and prompt treatment of this affection are of the highest importance.

Iritis may occur as a symptom of congenital or acquired syphilis, and in all the stages of the disease. In the congenital form, it is most common in early infantile life, although it may occur at or after the seventh year, in connection with interstitial keratitis. Occasionally one sees tags of adhesion as evidences of intra-uterine iritis, but more commonly it occurs after birth. Like the iritis of acquired syphilis, there is often an absence of pain and dread of light. Mr. Hutchinson<sup>1</sup> has given us a number of aphorisms bearing on this subject, which are so pertinent that I cannot forbear quoting them here in full:

"1. The subjects of infantile iritis are more frequently of the female than of the male sex.

"2. The age of five months is the period of life at or about which syphilitic infants are most liable to suffer from iritis.

"3. Syphilitic iritis in infants is often symmetrical, but quite as frequently not so.

"4. Syphilitic iritis, as it occurs in infants, is seldom complicated, and is attended by but few of the more severe symptoms which characterize the disease in the adult.

"5. Notwithstanding the ill-characterized phenomena of acute inflammation, the effusion of lymph is usually very free, and the danger of occlusion of the pupil great.

"6. Mercurial treatment is most signally efficacious in curing the disease, and, if recent, in procuring the complete absorption of the effused lymph.

"7. Mercurial treatment previously adopted does not prevent the occurrence of this form of iritis.

"8. The subjects of infantile iritis, though often puny and cachectic, are also often apparently in good condition.

"9. Infants suffering from iritis almost always show one or other of the well recognized symptoms of hereditary taint.

"10. Most of those who suffer from syphilitic iritis, are infants born within a short period of the date of the primary disease in their parents."

Iritis occurs in acquired syphilis rarely in the primary, more commonly in the tertiary, and most frequently in the secondary stage of the disease, in connection with skin and mucous eruptions. It may be the earliest secondary symptom, and then is usually mild; but more often it occurs between the third and sixth months after infection. It is also occasionally observed as a tertiary symptom, having been recorded as having occurred in the sixth year. Fifty to sixty per cent. of infected persons suffer from it.

Its onset is commonly painless and even insidious, aptly called by Fournier, "*début froid*." There is little dread of light; such a patient faces the light with eyes wide open, and hardly any flinching. Pain, if present, is worse at night, and is felt in the eye and around the orbit. A fine vascular zone of bright red vessels surround the cornea. That they are in the sclerotic and not in the conjunctiva, may be proved by the ability to move the conjunctival vessels by rubbing the lid without affecting the zone. It is said that a brownish tint of the vascular zone, as well as displacement upwards and inwards of the pupil, are characteristics

1. Syphilitic Diseases of the Eye and Ear, London, 1803.