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AFFECTIONS OF THE EYE APPARENTLY DEPEND-
ENT UPON UTERINE DERANGEMENT.

BY

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(With three illustrations.)

presented by the author



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AFFECTIONS OF THE EYE APPARENTLY DEPENDENT UPON UTERINE DERANGEMENT.

BY RICHARD H. DERBY, M.D.

(With three illustrations.)

THAT certain disturbances of vision have their origin in diseases of the uterus and irregularities of the menstrual function, has been well established by competent observers. Especially has Mooren, in his *Visual Disorders and Diseases of the Uterus*, drawn attention to this causal relation, and more recently, in an exhaustive monograph entitled *The Uterus and the Eye*, has Dr. Salo Cohn written upon the same subject. Ophthalmic literature of the last few years contains much from other authors bearing upon this matter. Finkelstein wrote "On Sensory Disorders in Diseases and on Changes of the Field of Vision in Menstruation"¹; Fitzgerald, "On the Connection between Diseases of the Eye and Affections of the Sexual Organs in Females"²; Hirschberg, "Ueber Puerperale Metastatische Ophthalmie"³; Mackay, "Eye Diseases from Suppression of Menses"⁴; Thaon, "Des Affections Oculaires Liées à la Menstruation"⁵; Hutchinson, "Failure of Sight during Lactation, and its Meaning as a Symptom."⁶

This brief enumeration of a few of the many contributions which competent observers have made to medical literature upon this subject will serve as an introduction to the present paper. The writer does not claim that in all the cases which

¹ *Ophthalmic Review*, vi., No. 73, 1887.

² *Lancet*, 1883, i., p. 456.

³ *Berliner klin. Wochenschrift*, 1880, No. 8.

⁴ *American Journal of Medical Science*, 1882, p. 383.

⁵ *Thèse*, Paris, 1879.

⁶ *Ophthalmic Hospital Reports*, vii., p. 38, 1873.



he here presents an absolute causal relation between the visual derangement and the anomaly of the genital function has been established. A strong probability that such a relation existed has led him to think that the narration of the cases would be of interest. If this publication serves to stimulate others, either in gynæcological or ophthalmic practice, to make public their observations in this direction, the purposes of the present contribution will be amply justified.

CASE I.—Patient, R. R., a girl of eleven, large for her years, has grown excessively of late and her form maturing, has never yet menstruated, came under observation March 3, 1888. She states that this morning, on waking, the edge of the door looked indistinct. She closed the right eye, and all objects seemed in a gray mist, a condition that partially disappeared as the day

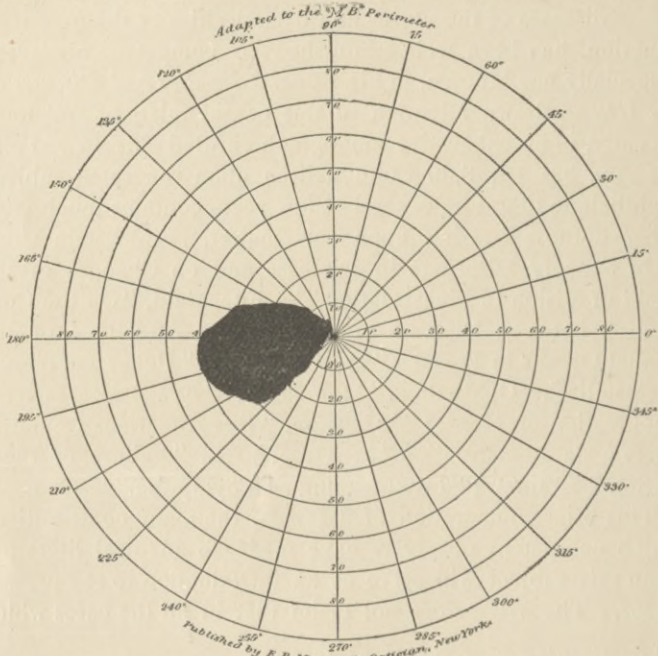


FIG. I.

wore on. There is a central scotoma of left eye (Fig. 1). Vision less than .2. The ophthalmoscope shows nothing. The right eye vision 1, and emmetropic.

March 17th.—Condition unchanged.

March 19th.—With + 2.5 D reads Sn. No. 9, and sees movements of hand over the periphery of the field. There is of this left eye a light neuro-retinitis.

March 24th.—No vision of left eye beyond perception of light outwards. There is a well-marked optic neuritis, the most prominent niveau of the papilla well seen with + 7 D. Mercurial inunctions and increasing doses of iodide of potash were ordered. She complains of pain in the eye, occasionally of a sense of rush of blood to the head, of palpitation of the heart, of headache. This condition of the vision lasted until April 4th, and the vision remained practically *nil*. The mother reported not infrequent hysterical attacks.

April 4th.—Movements of the hand were seen over the entire periphery of the field.

April 13th.—She counts figures outwards.

April 16th.—She sees Sn. *lxx* held a foot away, and movements of the hand over a broad peripheral zone of the retina. The outer limit of the papilla is now clear, the vessels less injected, and the most prominent surface of the nerve is seen clearly with + 3 D.

April 29th.—Vision is .1.

May 2d.—Vision .2; reads De Wecker 7.

May 4th.—No demonstrable scotoma.

May 9th.—Reads De Wecker 1 close at hand. Vision .4.

May 19th.—Vision is .6.

From this time the improvement of the vision went on until it became normal, and the ophthalmoscopic picture of a neuritis cleared up. Early in the summer the patient was seen again. The general health was excellent, the menstrual function was established in July.

A. v. Graefe drew attention to the fact that neuro-retinitis, dependent upon menstrual derangements, was not uncommon. Leber found inflammation of the optic nerve in cases where the first appearance of the catamenia was delayed, or remained absent altogether. He refers to a case¹ especially interesting in this connection: A girl of eighteen, with imperfectly developed genital apparatus, had never menstruated. She had simple optic nerve atrophy, possibly in consequence of a retrobulbar neuritis. The disease had developed with headache, dizziness, abnormal tendency to sleep, and weakness of memory. The one eye was amaurotic, the other highly ambly-

¹ *Handbuch der gesammten Augenheilkunde*, v., pp. 817 and 818.

opic, and with marked limitation of the field. Under treatment the general symptoms subsided, but sight was ultimately completely lost.

CASE II.—Annie H., aged twenty-three, single, came to the Infirmary February 22, 1893. During the last menstrual period, eight days ago, patient, while at work, felt as if something swept forward and back in front of left eye. The previous evening she had gone out in thin shoes, and exposed herself in very inclement weather. During this entire menstrual period she had headache, a thing unusual with her. The vision of the left eye was reduced to .1. There is a marked

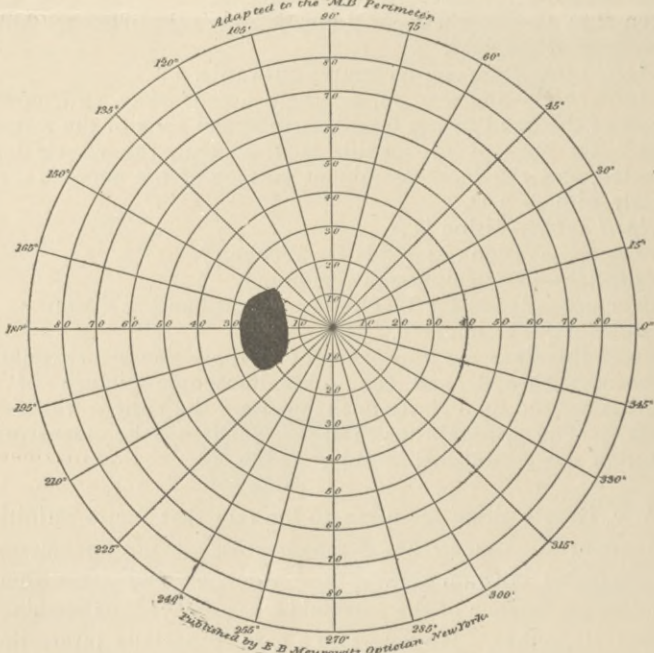


FIG. 2.

increase in the size of the blind spot (see Figure 2). In the centre of the field was dimness, but no demonstrable scotoma.

In the region of the macula there was œdema and exudation, directly below it a fresh hemorrhage in extent equal to the diameter of the disc. The fellow eye was normal in every respect. Patient failed to return after this first visit, and no further notes of the case were made.

CASE III.—Emily M., aged twenty-two, single, came to the Infirmary October 28, 1892, with the following history: Yesterday morning she was "dazed" in front of her right eye, and she could not see clearly, then a black spot appeared in front of this eye, and remained. Her vision had previously always been good. When seen patient was in the midst of her menstrual period, which had lasted for two weeks, longer in duration and with greater loss of blood than before. There had been no headache. There was a large central scotoma, and patient counted fingers excentrically outwards. The ophthalmoscope showed emmetropic refraction, there was a fresh arterial hemorrhage above the papilla, and equal to it in extent. The disc was congested, and its outlines hazy. Patient was taken into the Infirmary, and put to bed. Dry cups were applied to temple and back of ear.

November 28th.—The hemorrhage had largely disappeared. There was a circumscribed retinal separation below the disc, and not extending within two diameters of it, to the nerve. Corresponding to this there was upward visual-field defect. Vision .2.

December 29th.—Having in the meantime returned to service, patient reported that she had been able to read with this eye. The vision was normal, and neither the hemorrhage nor the retinal separation was demonstrable. No visual field defect could be mapped out.

CASE IV., taken from my private case-book.—Patient, Mrs. L. R., aged thirty-three, came to me January 25, 1893. For the last few days, during her menstrual period, she has had headache extending from back of the head to her left eye. This occurred especially in the morning, and disappeared after drinking a cup of coffee. There was no nausea, no dizziness. Each eye showed hyperopic astigmatism and vision normal.

February 1st.—Patient complained of a cloud before the left eye. There was moderate mydriasis of this eye, but both pupils responded promptly to light. The vision of the left eye was now .2, and could not be improved by glass. The vision of the right eye normal. There was a scotoma (Fig. 3) above point of central fixation.

The ophthalmoscope showed a neuro-retinitis. The optic papilla (in the inverted image) showed a recent hemorrhage at the nerve sheath and infiltration of the retina corresponding in extent to the diameter of the papilla toward the macula. There were some vitreous opacities.

Dry cups were applied back of left ear; mercurial inunctions and iodide of potash were ordered.

February 6th.—The vitreous opacities were less; vision .4.

February 24th.—The scotoma was diminished in extent;

vision .6. The evidence of hemorrhage at the nerve disappearing; outlines of disc more clear.

March 10th.—Vision 1 (?).

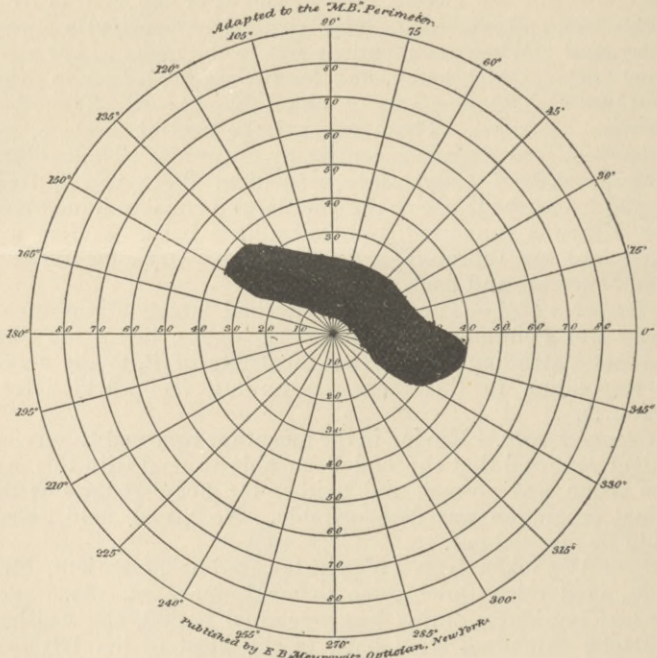


FIG. 3.

March 23d.—Catamenia present. Patient thinks her vision again less clear. While central vision is still normal or nearly so, the scotoma was of slightly greater extent. The ophthalmoscope showed no advance in the retinal process. The mydriasis of the left eye has disappeared.

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