A HUNDRED AND FIFTY YEARS AGO

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TEMPORARY LOSS OF VISION IN SCARLET FEVER

By Henry power, F.R.C.S., Senior Ophthalmic Surgeon to St Bartholomew's Hospital

THE FOLLOWING CASE is so rare that I think it worthy of being placed on record in *The Practitioner*.

Total but temporary loss of vision in scarlet fever

Louisa M., aged 17 years, and living as servant in a gentleman's family, at Wandsworth, where the mistress and a young child had died from scarlatina, fell ill with the same complaint on *December 27th*, 1869. All were treated homoeopathically by the family attendant, and one week from commencement of fever Louisa M. was ordered out of bed, and, four days later, requested to take outdoor exercise.

On *January 7th*, 1870, she returned to her parents' home for change of air and appeared in tolerably good health till *January 14th*, when she had a rather severe rigor, headache, and great drowsiness, which continued up to *January 16th*, when the surgeon Mr C St Aubyn Hawken of Wandsworth was sent for. He found her very feverish, with pain and tenderness in loins, puffy face, and swelling of areolar tissue of body generally; slight desquamation of cuticle; pulse 126; frequent vomiting; urine scanty, dark smoky colour, and highly albuminous, containing coagulated masses of fibrin, blood corpuscles, and epithelial casts and cells. He prescribed rest in bed, warm baths every alternate night, low diet, with plenty of barley-water as drink. Pulv. jalapae. co. every second or third morning, and simple diaphoretic mixture every four hours

"Awoke at 3 a.m. with violent fit of vomiting in the midst of which the sight of both eyes was entirely lost; nothing abnormal in external appearance of eye, except that the conjunctiva was congested"

January 24th Awoke at 3 a.m. with violent fit of vomiting in the midst of which the sight of both eyes was entirely lost; nothing abnormal in external appearance of eye, except that the conjunctiva was congested; the pupils were slightly dilated, but acted well. Applied mustard poultices to nape of neck and behind both ears, applied blisters to both temples and slightly darkened the room. *January 25th* Mr Hawken consulted me.

My own notes follow:

Patient, a robust and rosy-faced girl, lying in bed much depressed in spirits. On examining her eyes I was unable to perceive any outward indication of disease. The lids were natural, not oedematous. The conjunctiva was free from congestion. The cornea and sclerotic were normal. The iris responded readily to the light of a candle. There was no increase in the tension of the globes. The vision was so far impaired that she could only just see a very brightly illuminated white object; the rest of the field being in perfect gloom. She said that on the *22nd of January* she had several transient attacks of dimness of vision, but that evening she was able again to read, and spent some time in looking at pictures. On awaking at 3 a.m. on the morning of the 24th, she found she was completely blind. She had remained so for nearly the whole day, though on the previous afternoon some slight recovery of sight had taken place.

"I was afraid to instil atropine, lest in the event of its rendering the vision still more dim .... I should add to the mental depression from which it was obvious she was suffering"

I had great difficulty in making an ophthalmoscopic examination, the pupils contracting to a very small size when the reflection of a candle was thrown upon them; and, not having then read or heard of any similar case, I was afraid to instil atropine, lest in the event of its rendering the vision still more dim, which I thought not improbable, I should add to the mental depression from which it was obvious she was suffering, and should thus diminish the chances of her recovery. However, the media were perfectly clear. The retinal vessels were full, and there was a slight - if any- peripapillary oedema.

Looking at all the circumstances of the case - the suddenness of the failure of vision, its evident association with the attack of scarlet fever, the slight recovery that had taken place, the general appearance of good health of the patient, and the slight affection of the retina visible - I was inclined to augur favourably of the case, and to think that with the aid of tonics, and especially of iron and strychnia, the disease might be cured.

January 28th Fancied she could see occasionally slight glare of light on bright lamp being placed before the eyes. *January 31st* Urine free from albumin; could distinguish objects around bedside, but not her father from mother; much improved in general health; appetite good; no pain anywhere; pulse 98. Ordered mutton chops. *February 3rd* Both sight and general health continued steadily to improve; can now distinguish without difficulty her mother from an elder sister. Meat vegetables, wine, and beer ordered; the room lightened. *February 7th* Can read large size print; dropsical symptoms and albuminuria having disappeared for more than a week, allowed to sit out of bed for a few hours. *February 13th* Sight perfect, and, with exception of general debility, health apparently as good as ever it was, ordered downstairs, and prescribed citrate of iron and quinine. A few days after this, the weather being fine, allowed her to take outdoor exercise; and about the beginning of March she returned quite well to her former occupation. *June 30th* Her father said his daughter has been in perfect health, with her sight perfectly good.

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