Burnett (S. M.)

A CASE OF RETINITIS ALBESCENS PUNCTATA.

(*Mooren, Kuhnt.*)

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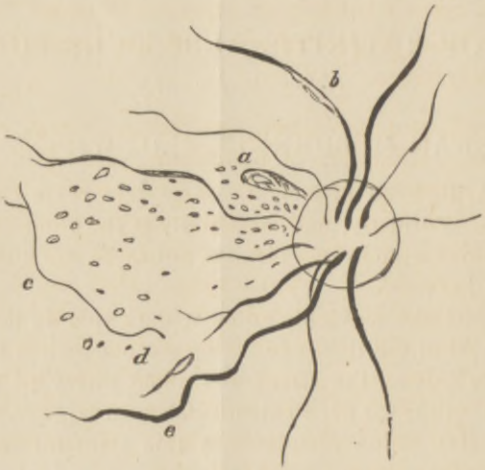
Mrs. L. A. B., aged fifty-eight, has of late years enjoyed very good health. Formerly, and particularly at the climacteric period, she had serious attacks of epistaxis, but these are now much less frequent and severe.

In June last she suddenly noted a dark spot in the centre of the visual field of the right eye. The scotoma, when projected to the opposite side of the street, was about one yard square, and made it impossible for her to distinguish even large objects at that distance. Her vision remained in this state for more than a month, when the scotoma began to break up, and when I saw her for the first time in December, 1882, there was barely a trace of it, and vision in that eye was the same as that in the other, namely, $=\frac{1}{5}$. On examination, the visual field was found to be intact and color-perception normal, as in the fellow-eye.

An ophthalmoscopic examination showed the media to be perfectly clear, but revealed some peculiar changes in the fundus, which are indicated in the accompanying diagram. In the region of the macula lutea, and occupying the space between this and the optic disk, as well as somewhat below the latter, there were a large number of very small yellowish-white dots, which could easily be overlooked in the indirect method of examination. These dots were not always round in shape, but frequently oblong, and usually had a sharply-defined outline. They were not evenly distributed over the surface, nor were there any isolated areas in which they were thickly studded. No abnormal accumulation of pigment was anywhere visible. The retinal vessels going to the inner side were normal as to their size and course. The vessels going to the other side, however, showed

Reprinted from the Archives of Ophthalmology, Vol. xii, No. 1, March, 1883.

marked alterations. One of the large veins running downward (*e*) became very tortuous toward the end of its course, while a smaller one just above it became lost, and its place was occupied by a white band (*d*), similar in appearance to the dots, while another (*b*), running from the upper portion of the disk, became at a short distance from its edge a mere thread, to become again



of its normal size or even larger. One small twig (*c*), running quite close up to the macula, was very tortuous, and arose abruptly from the vicinity of the vessel which had been transformed into the white band, no direct connection being found between it and any of the vessels in the neighborhood. One small tortuous vessel ran from the edge of the disk directly across to the upper edge of the macula.

At the upper outer edge of the disk there was a hemorrhagic spot (*a*), extending about $\frac{3}{4}$ of a disk diameter into the retina. It was pear-shaped, and its head had a white centre. There were no other abnormal appearances of the fundus.

Ophthalmological literature contains but five cases which in their general features bear a resemblance to the foregoing. The first mention of such appearances is to be found in Mooren's recently-issued "Fünf Lustren Ophthalmogischer Wirksamkeit," 1882, p. 216, though the author makes note of the fact that Kuhnt had shown him a drawing of similar appearances before his own case was put on record. Kuhnt

has reported his case in full before the Fifty-fifth Congress der Natur-Forscher und Aertze, held in Eisenach—a very brief abstract of which is to be found in *The Ophthalmic Review*, vol. i, No. 14, p. 411.

Besides these two, Hirschberg has reported three others in his *Centralblatt f. Augenheilkunde*, Dec., 1882, p. 330.

Of these cases I subjoin an abstract, in order that we may be able to take a general view of the character of these peculiar alterations.

Mooren's Case (1).—A man, aged thirty. V= $\frac{1}{10}$. VF normal. Media clear. Hundreds of punctiform pale-white dots, which resembled cholesterine crystals, or as if the retina and choroid had been punched through. The relatively narrow retinal vessels were nowhere covered by the specks, but the latter were pretty evenly distributed between the arterial twigs. Disk slightly gray, with all the appearances of a past inflammatory process. In six weeks V=$\frac{1}{8}$, with the condition of the retina remaining the same.

Kuhnt's Case (2).—The patient was a girl with V=$\frac{1}{8}$, and contraction of VF. Minute white specks on the inner retinal layers, and seen only in the erect image. K. reports that he has seen two similar cases since the first one.

Hirschberg's Case (3).—Woman, fifty-nine years of age. Three weeks before had suffered from hæmoptysis. Three days before he saw her she had sudden impairment of V in *R* eye, accompanied with photopsies. There was atheromatous degeneration of the arteries, and palpitation without any valvular trouble. Urine free. V= $\frac{15}{200}$; central scotoma, but VF not contracted. No alteration in disk; but between m.l. and o.d. numerous small, white specks, which had almost a crystalline appearance, and apparently lying on the retina. In nine months these changes had disappeared, and V= that of the fellow-eye.

Hirschberg's Case (4).—A woman, fifty-eight years of age, suffering from catarrh and dilatation of the stomach. Heart and vascular system normal. Urine free. Small scotoma of 3° in centre of *L* VF. V= $\frac{15}{40}$. Retinal hemorrhage above the disk three or four o.d.'s in size, which H. thinks due to vomiting. O.D. normal. V finally became $\frac{15}{30}$, and the changes in the retina retrogressed.

Hirschberg's Case (5).—Woman, sixty-two years of age. An attack of cholera morbus. Suddenly a green scotoma in centre of

field of left eye. V= $\frac{15}{100}$. VF normal; o.d. and vessels also normal. Fine points in the centre of the retina. Urine free.

Six cases do not furnish sufficient data on which to base any reliable opinion as regards either the etiology or essential nature of the affection; but it seems to be evident that there is no derangement of the general system to which it can be referred. In every reported case it was unilateral, and the urine was found to be normal in every instance in which it was examined.

The peculiarities of the affection seem to be that the alterations are confined almost exclusively, to the region between the m.l. and o.d., and are in the retina, and most probably confined to the inner layers.

Vascular disturbances are not always present, but in the case reported by me were quite marked; in fact, all the characteristics of a retinitis were more pronounced in this case than in any of the others. The central scotoma, which was noted in three cases, we can attribute to such an interference with the nutrition of the retina in the region of the m.l., as to hinder it in the proper performance of its function. It may occur at any age, and affects both sexes.

The prognosis is, as a rule, good—some cases going on to complete recovery, while none seem to lead to destruction of vision.

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