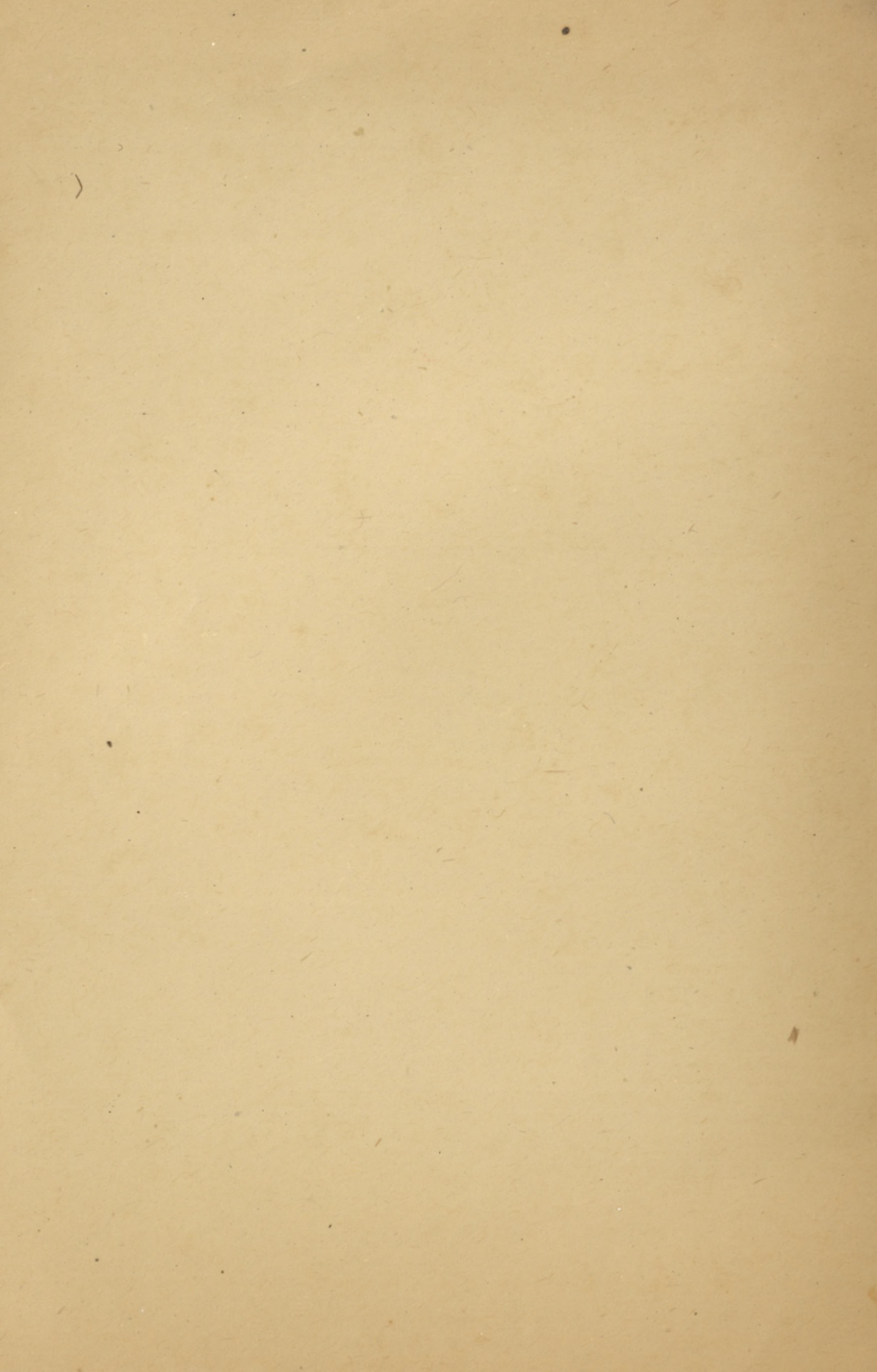


Veasey (C. A.)

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retinitis.







## A CASE OF ALBUMINURIC RETINITIS.

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S. R., male, aged 34, was referred to the eye dispensary of Jefferson Medical College Hospital, on July 25, 1894, to obtain glasses for his failing vision. He stated that he had had almost constant frontal and temporal headache for three months previous, and that during this time his vision had rapidly failed. Formerly he had smoked a great deal, but for several weeks he had not used tobacco in any form. He was accustomed to drink about two glasses of light beer during the day. He suffered considerably from dyspepsia and emaciation. The vision at this time was for O.D.,  $\frac{1}{200}$ ; for O.S.,  $\frac{1}{200}$ .

The ophthalmoscopic examination showed that for the right eye the media were clear, the disk oval and somewhat swollen, the edges being veiled all around, the veins somewhat distended and tortuous, the retina striated, and the macular region disturbed. In the left eye the disk was much more swollen, the veins very full and tortuous, the macular region considerably disturbed, and the retina markedly striated. In other words there was double optic neuritis, more intense in the left eye. An examination of the urine revealed large quantities of albumin and tube casts.

The patient was referred to the medical dispensary for treatment, but continued his visits to the eye department, that the conditions of his eye grounds might be observed and studied. The fundi were examined twice and sometimes three times a week, and no change was observed until one month after he appeared at the dispensary, namely, August 25th. On this date the disks were much more swollen, the veins markedly engorged and tortuous, and in addition there was present the "snow-bank" appearance of the retinas, together with the stellate arrangement

of small white glistening spots in the macular regions, so characteristic of albuminuric retinitis. Numerous small hemorrhages, some fresh and some in process of absorption, could be seen in various parts of either fundus, but the condition of the left eye was still the worse of the two.

Four days later the patient was much weaker, and an examination of the fundi revealed fresh hemorrhages with old ones undergoing absorption. One week later he was so extremely exhausted that it was with difficulty he came to the dispensary. He had lost a great deal of flesh during the previous five weeks.

The patient now disappeared for a month, when he was brought to the hospital in the ambulance in a state of stupor, from which he was aroused with difficulty, only to fall into the same condition again in a few minutes. He stated that he had been spitting blood for three days, and for the past month had been obliged to urinate six or eight times during each night. There was now some edema of the legs. The usual means of treatment were employed, but he retained consciousness only for a short time, falling again into the condition of uremic coma. Death ensued on October 26th, three months from the time he was first seen and two months from the time the retinitis appeared. Autopsy could not be obtained.

The case presents several points of interest, as follows:

(1) It is extremely important in all cases of failing vision to make a thorough examination of the urine of the patient. This will frequently clear up many difficulties, otherwise not understood, and will give the patient



the benefit of receiving treatment as early as possible for the *cause* of the affection, rather than for the *effect*.

(2) The case also illustrates very forcibly how guarded we should be in estimating the ability of a confrère, who has a short time previous to our examinations found none of the existing symptoms. In the present case three days before the examination was made that revealed well marked albuminuric retinitis, ophthalmoscopic views of the fundi showed only the neuritis which had been present ever since the patient came under observation. An observer making the first examination would have stated that there was no albuminuric retinitis; a different one making the last examination would have

asserted that there was such disease—both being correct.

(3) The albuminuric retinitis was preceded by well-marked optic neuritis, of greater severity in the left eye, which had existed for more than a month (probably much longer) before the pathognomonic condition of the retina appeared.

(4.) The duration of life from the time the disease of the retina appeared was only two months. Different authorities place the average duration of life from six months to two years. In the present instance, the disease was exceedingly severe from the beginning, therefore the prognosis as to length of life necessarily more grave.



