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FLEETING HEMIANOPSIA OF SYPHILITIC ORIGIN.

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W. C. N., thirty years old, a real-estate broker, came to me August 27, 1892, complaining of inability to read or write after a few hours' exertion. He presented slight marginal blepharitis, which had persisted, more or less constantly, from childhood. The eyelashes were sparse, those remaining being short and stubby. The lids were not stuck together in the morning. The tear-ducts and the rest of the lachrymal appendages were normal.

Reading at night had been uncomfortable for five years, but the asthenopia (?) had been much worse for three weeks.

V., R. E., 6/6? Sn. 0.5 from 18-33 cm.

V., L. E., 6/6? Sn. 0.5 from 12-27 cm.

There was no vertical hyperphoria, but there was an exophoria of 1° in each eye. Distant vision:

R. E., + 0.50 D., cyl., axis vertical, 6/6 full.

L. E., + 0.75 D., cyl., axis vertical, 6/6 full.

I ordered simple cylinders in accordance with this finding. On September 21st the man returned, saying that while vision lasted he could see better with the lenses than without them, but after working till 11 A.M. his vision became worthless, and he could only see to get about by closing one eye and tilting his head to one



side. He had also discovered that if he could cast his eyes down and hold a book above their level he could still distinguish large letters. It was only then that I suspected more profound trouble.

Accordingly, the field of vision was taken, when it was found that he could only distinguish large, bright objects in the entire superior portion of each field, while the inferior portion was still normal, so that the scotomata covered a part corresponding to a line drawn 15° *above* the horizontal diameter on the nasal over the whole superior field to within about 15° *below* the horizontal on the temporal.

As I could not complete my examination at this visit, I requested him to come again early the following morning, when I found the field of vision normal in both eyes. The color-sense was found to be good on both occasions.

The patient then told me again that this was the usual course, viz., that he saw well until about 11 A.M., when his sight "gave out."

On further examination I found numerous enlarged glands in the cervical region and above the elbows, and also several large, characteristic syphilitic scars on different parts of the body. The patient then acknowledged having contracted syphilis in November, 1890, for which he had been actively treated and had been told that he was cured.

He smoked some twelve cigars and drank three or four glasses of whiskey daily.

I examined him at various times, and always found the same condition, that is, early in the morning both fields were normal, but after a few hours' work the scotomata made their appearance, the field being preserved in the lower nasal portion, but the unnatural position of the eyes necessary to see with this portion of the field prevented further work.

The ophthalmoscope showed perfectly normal fundi.

The retinal veins seemed more engorged and tortuous in the temporal portions of the fundi in the latter part of the day than in the morning. As the patient was considerably run down in health and the weather was very warm, I deferred the use of mercury and ordered syrupus ferri iodidi in large doses and rest in the mountains, with abstinence from all attempts at reading or writing. On October 15th the patient returned, much improved in health and sight. The field of vision had increased so much that the temporal scotomata were only as large as the previously nasal good portion, and would not be thus complete till afternoon. As it was now quite cool, I instituted mercurial inunctions according to the plan of Finger, of Vienna.

By December 1st the man had taken thirty inunctions, and the syrup of the iodid of iron was again given. From this time on his sight improved steadily until he was able to read almost all day, although compelled to rest at night. During January, 1893, the patient took neither mercury nor iodid.

By February 1st vision was normal. The man was again given mercury (not on account of vision, but to combat the old syphilis), which he took for thirty days. Then he took potassium iodid in large doses for thirty days; followed by a rest of like period; and then going on with the treatment according to the plan of Finger.

The point of interest to me was the peculiar recurrence of the scotomata and the portion of the visual field affected.

