THE DIAGNOSTIC SIGNIFICANCE OF RETROBULBAR NEURITIS

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—If no abler pen than mine has been moved to comment upon an article by Rosa Ford in your March number on the Diagnostic Significance of Retrobulbar Neuritis, may I be allowed the ever ungracious task of the critic? There appears to be a noticeable disproportion between the evidence and the conclusions put forward in her paper, which surely calls for some comment.

It is generally acknowledged to be unwise to draw conclusions from an isolated case history, and I would suggest that in this instance even the conclusions themselves are not the most attractive which could be put forward.

We are asked to believe that an attack of retrobulbar neuritis originated from a closed nasal sinusitis of which there were neither symptoms nor signs. ("All search for a cause proved fruitless"). We are further asked to believe that eight years later this same insidious and invisible sinusitis gave rise to rheumatoid arthritis and recurrent iritis. After eight years of unhindered gestation there are still no symptoms of sinusitis, and no recorded signs; in other words, no evidence of sinusitis preceding interference with the nasal cavities.

It is hardly surprising to learn that the application of argyrol and glycerine to the nasal passages provoked a flow of mucus; it is distressing, but not remarkable, to learn that after three weeks the discharge contained lumps of muco-pus. I am told that this experience is not without precedent among those who attack the nose on general principles alone.

Evidence as to the cause of the retrobulbar neuritis in this case is (I venture to suggest), entirely lacking. There is no more evidence to suggest that it was due to an undetectable nasal sinusitis than there is to suggest that it is due to an undetectable disseminated sclerosis; but the balance of probability, from common experience, is surely overwhelmingly in favour of the latter. It is well known that retrobulbar neuritis is not uncommonly followed in later life by manifestations of disseminated sclerosis; it is a common experience to find no certain signs of disorder of the central nervous system at the time of an attack of retrobulbar neuritis in early adult life, and they may not develop for twenty years; but can one dare to say with certainty that the case reported—who is not yet forty years of age, and was but twenty-eight at the time of the latest record of her condition—may not yet develop the disease? Is contraction of the visual fields in a young woman of twenty to be taken as evidence of closed nasal sinusitis as against disseminated sclerosis?

With regard to the later history of her progress, surely rheumatoid
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Arthritis and intractable recurrent iridocyclitis are not uncommonly associated? Admittedly both conditions are often of obscure origin; but the proof that they were due to nasal sinusitis in her case is sadly lacking. There is not even any satisfactory evidence of a pre-existing nasal sinusitis at all. In fact, so far from suggesting that there was a previous causative sinusitis, it seems more probable that both conditions may have been relieved by the development of the sinusitis. Little as we know about the origin and relief of either rheumatoid arthritis or recurrent iridocyclitis, it is at least a recognised method of treatment for both deliberately to induce fever and leucocytosis. The result of such therapy, by protein shock or other methods, may be strikingly beneficial. May not the establishment of a mucopurulent nasal sinusitis in 1931 have acted in a similar way?

Opinions differ widely as to the significance of the rôle of focal sepsis (and tuberculosis) in the causation of ophthalmic diseases. We are all familiar with those refreshing, uncommon cases where the removal of a focus of sepsis is quickly followed by the relief of some stubborn and apparently unrelated disease, perhaps under such conditions as to provide strong evidence that we have been dealing with cause and effect; but these cases should surely be looked upon as supplying evidence to support a theory, not as the foundations of a gospel. They call for caution as well as enthusiasm: it is easy to forget the dictum of Ambrose Pare, "I dressed him, and God cured him."

No useful purpose is served by pressing analogy too far. It can only end in the mischievous result that our eyes are blinded to the limitations of our knowledge of aetiology, and our minds closed against any new interpretation of the facts. It may well be that just as the discovery of vitamins threw a flood of light on the aetiology of much that was previously obscure, some new advance of medical knowledge may teach us where to look for the cause of diseases whose origins are still shrouded in darkness. To draw conclusions from the slender evidence provided by this single case seems to me to establish a veritable outpost of medical credulity. I salute the pioneering spirit for which it stands, but I would suggest that it were better demolished, at least until a suitable number of cases, with adequate controls and convincing evidence, can be brought forward.

"There is more faith in honest doubt,"
"As Tennyson has pointed out,"
"Than in these nasty creeds!"

Yours faithfully,

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