

## THE MODERN CARE OF HEMORRHAGIC RETINITIS

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Probably ninety percent of physicians today still believe there is nothing to be done to hasten absorption of retinal hemorrhages, per se. This is contrary to my experience.

Dealing with a large percentage of geriatric patients these cases are fairly common, and it has become routine, that, when a patient is seen with retinal hemorrhages, we immediately contact some physician requesting that Lugols solution be given immediately – not waiting for a physical diagnosis. We believe early use of Lugols hurries absorption as we well know, the shorter the period of absorption, the better the chances of retained vision. Syntonic treatment, using (RX #1) through a pin-hole should be prescribed, daily if possible.

For several years, each time I saw a patient Mrs. Marks, I phoned her physician, giving him the retinal diagnosis of disturbed circulation. This patient was seeing him regularly. One year ago, she complained of having had blurred vision for 10 days. Retinal diagnosis disclosed practically a right pan-hemorrhagic condition with vision reduced to 20/200. It was on a Friday afternoon I saw her. In her presence, I phoned her physician's office, only to learn he was on vacation a substitute was taking his place. When I gave him the diagnosis, he readily agreed to phone a RX to the drug store so that treatment could be practically immediate. Saturday morning, having no assistant, I answered my phone in the office, from which patients in the waiting room can hear the phone conversation. On the phone was a new physician who advised me the husband of the patient had called him for his wife and she having taken one dose of Lugols he had ordered it stopped and he advised me he wanted to refer the case to an oculist, because as he explained an oculist could advise him if bleeding was continuing. When I asked him, if it was his opinion that anyone diagnosing the condition could not also determine the "further bleeding" he "supposed they could". When I asked him what he intended to prescribe in place of Lugols to hurry absorption, he said there was nothing. So I very heatedly told him, Brother the sin be on your head, if this woman goes blind. With that he changed his tune and thought he better phone the patient to continue the Lugols. When I hung up the phone, patients in the waiting room clapped their hands. Suffice it to say this M.D. cooperated from then on, requesting my reports on progress and the patient recovered vision to 80 per cent. This is not an isolated case, it should be tried for every such patient. If bleeding continues after the original break, Rutin (Vitamin P) should be prescribed, with or without a fragility test.

RX #1 Alpha Flashing. Comment by Editor. Following the presentation of the papers the prescription was questioned by several optometrists during the discussion period. The consensus was that UWD should have been used to help the absorption. Dr. Simpson's thinking was to use Alpha to maintain and stimulate any possible vision.