

The water-colour drawing was made on the ninth day after the injury when the exudate had begun to clear in the right eye, while in the left a marked improvement had taken place.

August 26, 1924.—R.V., 6/60 "on adjustment," no central vision. L.V., 6/9 partly. The right fundus showed some persisting oedema in the macular area, but all that remained of the exudate was a tag attached to the lower part of the disc—there was marked pallor of the disc. Left fundus had practically cleared up.

March 10, 1925.—R.V. 6/36; L.V. 6/4. The tag of exudate persists, as does the pallor of the disc (R).

The interest of the case is the early stage at which it was seen and the record of the clearing up under observation of the colossal amount of exudate with a good result as to vision in one eye, *viz.*, the left, which though less affected, showed massive macular changes. Very few of the cases so carefully collected by Heuer show any record of exudate and no cases show anything like the extensive area of exudate figured here (see drawing). Those ophthalmologists who are attached to general hospitals should be alive to the possibility of such retinal changes in severely injured patients, and a few carefully watched cases would soon bring this very rare condition into the realm of carefully recorded retinal pictures.

AIR BUBBLES IN THE VITREOUS

BY

R. FOSTER MOORE

LONDON

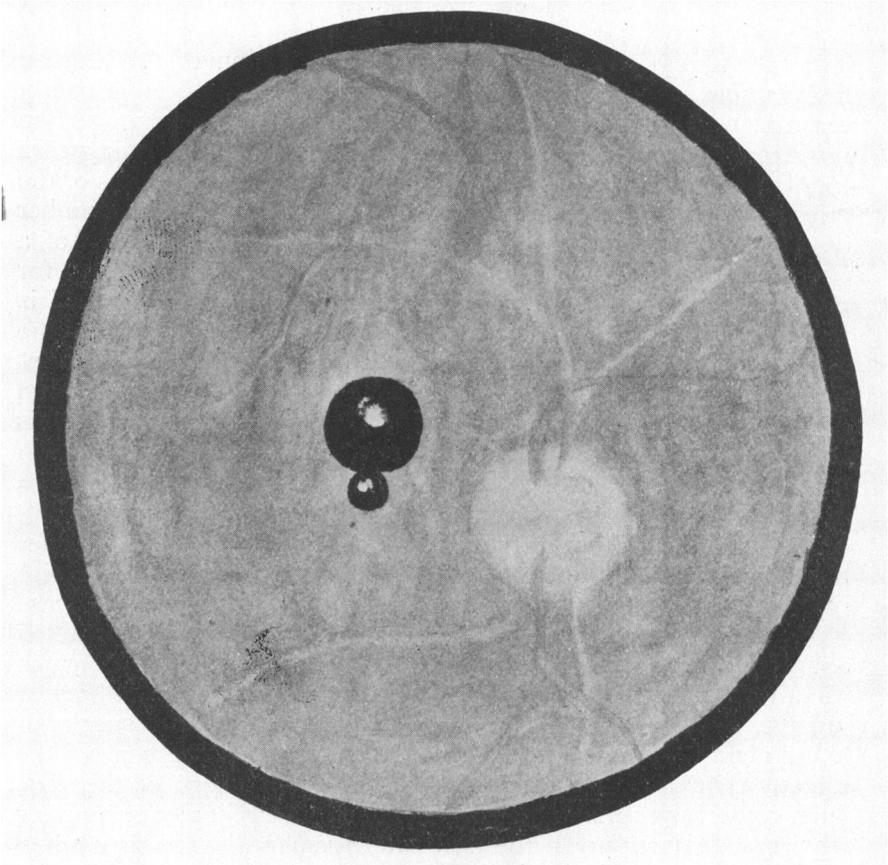
CASES of air bubbles in the vitreous appear to be of quite rare occurrence if one accepts the number of reported cases as a criterion. I suspect, however, that they would be discovered not infrequently if they were specifically looked for in suitable cases. The following is an example of the condition and I have previously seen four others:

A man, aged 20 years, was using a hammer and chisel when something flew into his right eye. He came to St. Bartholomew's Hospital with a small sharp-cut puncture about one-third of an inch behind the sclero-corneal junction. On examining him with the ophthalmoscope the vitreous was clear and the two air bubbles, as shown in the accompanying drawing made for me by my House Surgeon, Mr. R. Bolton, were easily seen floating about in it. A steel fragment was removed at once with the giant

magnet, and the eye made a perfect recovery. Next morning no trace of the air bubbles was to be found.

So far as my experience goes, the following are the chief points in connection with the condition :

The entrance of the foreign body must be direct into the vitreous and not by way of the anterior chamber. They must be looked



for within a few hours of the occurrence of the accident. In my cases they have always been multiple, often looking like a string or collection of toy balloons of various sizes in contact with each other. They are soon absorbed.

I had not previously come across a reported case, though I felt no doubt such must have been put on record, and Mr. R. C. Davenport pointed out to me that in the *Roy. Lond. Ophthal. Hosp. Rep.*, Vol. IX, Part 1, page 38, Mr. Stanford Morton had reported two cases. The above points which I have remarked upon were all of them exemplified in both of his cases.