A CASE OF TRAUMATIC ASPHYXIA

by

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This condition was the subject of a paper by G. J. Heuer in the May, 1923, number of Surgery, Gynecology, and Obstetrics, and was noted in the British Journal of Ophthalmology of May, 1924. On the same day on which I read this note in the latter journal I saw a case in the Melbourne Hospital, the history of which is as follows:

June 26, 1924.—J.C., motor driver, aged 25 years, admitted four days ago, concerned in a motor smash of which no details are to hand save that he was pinned under the car. On admission he had extensive subcuticular petechial haemorrhages which simulated cyanosis, some proptosis, and complete subconjunctival haemorrhages right and left. Patient complained of dimness of vision, left eye slightly blurred, right eye could distinguish fingers. X-ray examination of skull showed no fracture and cranial nerves were normal. There was a compound fracture of right elbow joint.

Fundus: Right, along the lower temporal artery and to inner side of disc are huge masses of white exudate and scattered haemorrhages: the macular area is covered by irregular-shaped dots of exudate. Left showed less marked changes but very numerous haemorrhages and exudate, which exudate is, in right eye, in places in front of the retinal vessels.

July 1, 1924.—R.V., fingers at 1 metre. L.V. seemed to patient to be as usual. He was too ill to test with types for some days.
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

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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