jerks moderate and equal. Extensor plantar response right and left. Head retraction persisted.

Lumbar puncture was again performed, and the withdrawal of about 1 drachm sufficed to reduce the pressure to normal.

September 30, 1928. Temperature had fallen to normal, pulse 52. The patient was less drowsy; the oedema of the face had subsided, and the swelling of the socket was less.

October 1, 1928. General condition was improved. Temperature normal, pulse 52. The grips were equal in strength, and a bilateral flexor response was present. Intense chemosis still caused prolapse of conjunctiva between the lids.

From the last date there has been a gradual and steady improvement; on the 7th the conjunctiva was able to be replaced and the lids were strapped over it; there is now—October 16, 1928—very little chemosis. On the 11th the patient was allowed to get up and complained of no headache as a result; he now feels perfectly well.

The clinical picture was undoubtedly one of meningitis, and the condition must be considered to have been one of aseptic serous meningeal effusion. Comparable, in a sense, are the pleural effusion which may occur in conjunction with a liver abscess, and the ascites with intestinal new growth.

I am indebted to Miss I. C. Mann for permission to publish this case.

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UNUSUAL CASE OF MACULAR DEGENERATION

BY

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A.M., widow, aged 46 years, was admitted to this hospital on August 21, 1928. She complained that, although vision had been good in both eyes without glasses up to six years ago, and with glasses until two years ago, since that time there had been a gradual deterioration in both eyes. No other symptoms were complained of except a very ill-defined and mild ache in the region of the right eye for the last year. She was wearing + 3.0 D.Sph. R. and L. + 0.5 D.Cyl. — 180°

On admission, the eyes were normal externally, the pupils active, and the tension normal. The right optic disc was normal; in the region of the macula there was vaguely defined a circle, of diameter about 1.5 times that of the disc; the circle could with difficulty be
Unusual Case of Macular Degeneration

seen in its entirety, and had a pale greyish tinge in comparison with
the normal retina. The upper part of the area thus demarcated
was definitely depressed, the very fine vessels crossing the edge
being seen to dip down into the area. The lower part was well
defined in its periphery, being of a markedly lighter colour than
the rest, and closely resembling in appearance a colourless or
yellowish subhyaloid exudate. That this appearance was indeed
due to the presence of a fluid occupying the lower segment was
proved by causing the patient to lie for two hours on her right side,
when the lighter area was found to have altered its position and to
be then lying in the temporal segment. No other fundus abnormality
was found.

At the left macula was found a small irregular dark grey area,
preumably pigment, resembling the more usual types of pigmentary
macular degeneration.

Vision on admission was: R.E. (with glasses) 6/60. L.E. (with
glasses) 6/24 (pt.). Both visual fields were full; the right blind spot
was normal, the left could not be elicited. There was no central
scotoma in either eye; on the Bjerrum screen, the 10 mm. white
fixation disc, when seen by the right eye, was described as of
irregular shape, as large as a crown, with an irregular black centre,
from which black "spokes" radiated to the periphery in all
directions. The left eye saw it as a similarly irregular area, the
size of a shilling or a little larger, the "spokes" being present but
less marked.

Colour vision was normal. The urine was acid in reaction and
contained no sugar nor albumen. The Wassermann test was positive.

Treatment consisted in atropine drops, hot box to the right eye
twice a day, and hot air baths on alternate days; the internal
administration of potassium iodide, and the daily inunction of
1 drachm of oleate of mercury. In addition, 5 intravenous doses
of N.A.B. have so far been given. Apical infection of the lower
incisors was found to be present, and these teeth were extracted.

October 1, 1928. There is no change observable in the condition on
L.E. (with glass) 6/24 (all). According to the patient (who is of a
very neurotic disposition and whose answers in this respect are
probably unreliable) there is considerable variation in visual acuity
from day to day.

The condition would appear to be one of persistent decolourised
subhyaloid haemorrhage in the region of the right macula, with
pigmentary degeneration of the left macula.

I am indebted to Mr. Maurice H. Whiting, for his permission
to report this case.