HOMONYMOUS HEMIANOPIA

24 years, wears glasses, but otherwise nothing is known of any ocular abnormality in the family.

The case was shown at the meeting of the North of England Ophthalmological Society on February 2, 1928.

A CASE OF RIGHT HOMONYMOUS HEMIANOPIA

BY

DR. NASR FARID

CAIRO

HOMONYMOUS hemianopia is one of the signs of a lesion of the visual centres in the occipital lobe. The symptoms vary with the underlying cause. The lesion generally falls under one of five headings: (1) Thrombosis of the posterior cerebral artery or one of its branches. (2) Haemorrhagic lesions due to local disturbances of the venous circulation. (3) Trauma. (4) Chronic meningitis, usually of syphilitic origin. (5) Compression, as by cyst, abscess, or tumour.

The case here described was probably due to a lesion of the second type.

Hafez, aged 65 years, saw me in consultation with Prof. Fuchs on April 16, 1926. His vision was then, with the right eye, finger-counting at 20 cm., with the left eye, 4/60 with + 2.5 D. Sph. 6/9. The fundus showed chorio-retinitis near the disc in both
eyes. In the right eye these patches were as large as the head of a pin, thus explaining the loss of visual acuity. The visual fields showed right homonymous hemianopia (Fig. 1).

There was no evidence of syphilis or any other cause, and the blood and urine were normal. The only positive findings were arterio-sclerosis and an excessive use of tobacco (50 cigarettes per diem) and coffee.

His medical attendant, Dr. Barrada, gave the following report:

September 22, 1926—Heart, apical systolic murmur conducted to axilla, systolic aortic murmur; blood pressure, 136/70; nervous system, forgetful and emotional; grip, R. 42, L. 32; weak movements and shuffling gait; reflexes brisk. October 17, 1926—Babinski on left side, doubtful on right; blood pressure, 145/86. December 10, 1927—Blood pressure 137/75; grip R. 70, L. 41. Babinski on left side, no response on R.; patient feels much better.

I examined him again on April 11, 1928 and found incipient cataract in both eyes. Vision: R. with + 1D. Sph. fingers at 1 m., L. with + 1D. Sph. 6/18. The field of vision had improved and the hemianopia was nearly abolished (Fig. 2).

Treatment consisted in the use of iodides and strychnine and the cessation of smoking and coffee.

Prof. Fuchs considered that the lesion was due to venous haemorrhage into tracts on their way up to the left occipital lobe, and that this had later undergone absorption. The other symptoms were presumably due to multiple foci of the same nature affecting the pyramidal tracts and other parts of the central nervous system.