SPASM OF A BRANCH OF THE CENTRAL ARTERY A Personal Experience

BY

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WHEN the Staff of the Royal Westminster Ophthalmic Hospital were called out of London, at the beginning of the war, the civil inhabitants were left with little skilled help; therefore I offered to work again in the out-patient department.

On November 10 I was walking down to the Hospital, when I noticed a positive scotoma in the right eye, of a reddish purple colour extending downwards from a little below fixation. The colour was not uniform in depth but there were patches which were less dense. In some ten minutes it disappeared. At the Hospital Mr. Martin Jones kindly looked at the fundus, but nothing abnormal was to be seen. I had thought at first, from the colour of the scotoma that it might indicate a retinal haemorrhage. There was no recurrence for about 10 days; but on November 21 in the morning a migrainous headache came on. I felt out of sorts and lay down; the scotoma reappeared in the same position. I thought it would pass off and slept for an hour, but finding on waking that it still persisted, telephoned to the Hospital and asked Mr. Martin Jones to come to see me.

He came and found a small vessel above and on the inner side of the yellow spot empty of blood from a point at which it made a sudden bend. There was a small haemorrhage in the retina above. The appearance of the vessel is represented diagrammatically in the annexed sketch made by Mr. Martin Jones.

He suggested that we should attempt to restore the blood flow and we went to the Hospital, where he gave an injection of 0.1 gram of acetylcholin at once. In a few minutes it was possible to see blood in that part of the vessel which had seemed empty; the scotoma remained. On the following day he gave another injection of the same amount, and advised me to take doryl tablets three times daily; the field of the right eye was taken and showed a loss corresponding closely to the position and size of the positive scotoma which had been the first symptom. There were some gaps in this loss also. Central vision, with + 1.50 D. sph., was $\frac{6}{4}$ partly. $\frac{6}{5}$ easily. I took doryl fairly regularly for about three weeks and less regularly for another three. The scotoma was little inconvenience; and soon lost colour and was unnoticeable. Mr. Martin Jones had the kindness to take the field and examine the fundus from time to time. The "windows" in the

FIG. 1.

Appearance of positive scotoma (memory sketch).

FIG. 2.

Sketch of appearance of vessels on November 21. A, bend in artery. B, empty portion. C, haemorrhage. D, position of macula.

field became slowly larger. He told me that vessels became visible running from a vessel on the inner side toward the vessel which had been apparently empty of blood but now was certainly pervious. It is probable that these are not new vessels but enlarged pre-existing vessels which were too small to be seen

FIG. 3.

Field on November 22.

FIG. 4.

Final visual field.

before. On February 20—three months after the first onset—having free time, I took the field again using a 1 mm. object on a Priestley Smith's scotometer. To my surprise it had improved considerably. There was still a small absolute scotoma below fixation, but over the rest of the field the object could be seen almost everywhere. It was not quite clear but flashed in and out in some regions; no other definite scotomata could be mapped. This was confirmed at the Hospital on a metre screen with a 2 mm. object.

I had expected that the defect would be permanent, and this improvement was unforeseen. It seems probable that the "new" lateral vessels which Mr. Martin Jones saw, bringing the blood to the part, had prevented complete destruction of the retinal elements which had retained and had to some extent recovered power.

I have never seen or read of a case quite like this, and in view of its fortunate ending it seemed worth while to publish this record.

I have much to thank Mr. Martin Jones for. I have little doubt that his prompt action saved me from a much larger loss of field, and he has given me much help in the recording of the case.

MYCETOMA OF THE EYELID

BY

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THE following case is of interest because of the extreme rarity of the condition. Elliot (1920) in his "Tropical Ophthalmology" states that during the many years of his experience in Madras he neither saw nor heard of a single instance of mycetoma occurring in the eye or its neighbourhood, adding, however, that as the condition has been described, it would be well worth while for tropical practitioners to be on the look out for any further instances of this rare condition. One case was observed in 1937 at the Giza Memorial Ophthalmic Laboratory in Cairo (Wilson, 1938), and the only other case known to the present writers is one reported by Christopherson and Archibald (1919), in which the granuloma occurred in the lacrymal gland. It is interesting to observe that this latter case came from approximately the same region of the Northern Sudan as the present one.