Benadryl

This was used in 12 cases, a test dose of elixir benadryl (10 mgs. 1 drachm) was given 3 times a day the first day and then increased up to the amounts below:

	1 mg./lb.	2 mg./lb.	4 mg./lb.	body weight
No. of cases	2	4	6	

In all cases the total daily dosage was divided into three equal portions.

In only one case was there any improvement at all (4 mg./lb.) and as atropine was continued in all cases, the very slight amelioration of symptoms could easily have been due to the atropine.

No side effects were observed even at 4 mg./lb. body weight and the impression received, was that children were more immune to the symptoms of drowsiness, lassitude, etc., than were adults.

Antistin

This was used in 10 cases and the dosage employed was 1 tablet 3 times a day for 6 cases. In 4 cases this was increased to 2 tablets 3 times a day.

There was no improvement in any of these cases and as opposed to benadryl the side effects, particularly of giddiness, were very noticeable.

Conclusion

In 15 typical and active cases of phlyctenular ophthalmia, there was no improvement of the photophobia, lacrimation, irritation and eczema with benadryl and antistin, two well recognized anti-allergic drugs.

I am indebted to Professor Arnold Sorsby for permission to publish this note.

INTRA-MURAL NEW VESSELS IN AN OCCLUDED RETINAL VEIN

A clinical description*

BY

I. C. MICHAELSON

GLASGOW

THE following case is described because it illustrates clinically the presence of fine vessels within the wall of a retinal vein. So far as concerns the retina such intra-mural vessels have been described

* Received for publication, August 9, 1947.

INTRA-MURAL NEW VESSELS IN AN OCCLUDED RETINAL VEIN 165

histologically by Loewenstein (1946) and the ophthalmoscopic findings in this case appear to be complementary to his anatomical observations.

The female patient, aged 60 years, developed an obstruction of a branch of the superior temporal vein of the left eye close to the optic disc on November 11, 1946. The condition of the fundus on April 16, 1947 is illustrated in the figure. It shows the development of numerous collateral vessels between the affected and unaffected branches of the superior temporal vein. The more unusual development, however, can be seen in the ascending portion

FIG. 1.

Case of thrombosis of a branch of the superior temporal vein showing the development of intra-mural new-formed blood vessels one of which is passing into a dilated capillary plexus which is draining into an unobstructed vein.

of the obstructed branch. On either side of the blood column a pale white sheathing can be seen, representing an opacification of the vessel wall. Where the blood column is attenuated and interrupted for a short distance there are two very fine vessels running close to the blood column in a parallel direction. These vessels are within the visible wall of the vein, one on each side of the lumen. The situation of these vessels can be defined even more clearly with the light from a mercury lamp. The vessel in the temporal part of the vessel wall can be seen leaving the vein after an intra-mural

course of about 1.5 mm. to pass into a dilated capillary plexus which is draining into the unobstructed vein. This intra-mural vessel is evidently facilitating drainage from the narrowed portion of the obstructed vein. Loewenstein in his histological studies notes that intra-mural vessels may run in the direction of the parent vessel and that they may leave it to pass into the general capillary system.

Summary and Conclusions

(1). A clinical description is given of intra-mural new formed vessels in an obstructed vein.

(2). One of the purposes of such vessels is drainage from obstructed circulation into capillary plexuses situated favourably for the establishment of collateral circulation.

I am indebted to Mr. Gabriel Donald for his care with the illustration.

REFERENCE

LOEWENSTEIN, A.—*Trans. Ophthal. Soc. U.K.*, Vol. LXVI, 1946 (in print).

AN IMPLANT WITH BRIDGES FOR ATTACHMENT OF MUSCLES*

BY

EMANUEL ROSEN

NEWARK, N.J.

THE new developments in plastic prostheses have so well solved the problems of colour and form matching as to emphasize the lack of movement which remains the chief defect in the present solution of this age-old problem. Movement of the prostheses in use or suggested is dependent upon the movement of the stump. The purpose of this article is to suggest a new surgical approach which utilizes the physiological and anatomical characteristics of the normal eye as far as possible.

The use of plastic substances particularly the methacrylic resins is not exactly a new venture in socket implantation for it has been considered by several authorities.¹ The substance is cheap, readily accessible and extremely adaptable. It is well tolerated within the orbit and can be prepared to conform with any desired shape. It can be finished smoothly or roughly as desired, both finishes being considered of benefit by certain sources. We are

*Received for publication, May 5, 1947.