Some Unusual Cases

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1. The Importance of Rest in Brain Lesions

A general practitioner, suffering from diabetes, had a sector-shaped homonymous visual field defect at the end of July. He stopped work and the defect became smaller. In November he started work again, but as a result the defect became larger again. He stopped work again, and the visual field improved again, but only partially, so that it appears that permanent damage resulted from the return to work. It would appear that, perhaps as the result of varying oedema, the brain tissue was in a critical state a long time after the primary lesion.

2. Brown Spectacles for Retina Pigmentosa

In our Low Vision Department we have been engaged for a year in investigating the advantages of reading by monochromatic sodium light. This would appear to be advantageous in a number of cases. Even this lady with retina pigmentosa can read in a good light with the proper correction definitely better with brown glasses than without.

3. Partial Frosting of a Spectacle Glass with Nail Polish to Prevent Diplopia while Retaining Binocular Vision

A 49-year-old lady was sent to us from the Neurosurgical Department with double vision, which had developed 2 years earlier after a motor accident. There was an exophoria of 1° horizontally, vertically a left-sided hyperphoria of $1\frac{1}{2}^\circ$ on looking upwards, and on rotation an exorotation of 2° in all directions of gaze. When looking straight forward she had single vision, but when she looked to the side she had double vision. She had learned to close her right eye without effort, and now always went about with one eye shut, even when she was looking straight forward.

During my holiday she was prescribed prisms, which were worn in front of the glasses and could be altered. They only helped her for a few days, even though the strength and direction of the prisms was repeatedly changed.

On my return I decided to partially frost her right glass. In order to determine where the double vision began, I managed to get the patient to follow

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low my eye through her glasses while I moved my head in all directions out of her central line of vision; I marked the place where the diplopia began with a dot on her glass. I then painted the area which was to be made opaque with nail polish on the back of the glass, and worked on it with a glass rod until the polish was dry.

On her discharge the neurosurgeon wrote: 'An attempt was first made to overcome her double vision and blepharospasm by means of prism glasses. Although this met with temporary success a number of times, no permanent result could be obtained. It was noted that, when the prism was correctly placed, the right eye was kept open normally and well, and the patient did not complain so much, especially over instability. Finally a definite result was obtained by frosting the lateral

part of her glasses, so that the patient, as was apparent on her last visit to the Out-Patients' Department, now walks about with a fully opened eye and does not complain so much. She stands and walks without any difficulty and her mobility has thus been considerably improved.