PERNICIOUS ANAEMIA WITH RETRO-BULBAR NEURITIS

The following case seems worth recording as an interesting example of pernicious anaemia with progressively diminishing visual acuity.

Case.—T. M. aged 55 years. Occupation.—Post Office sorter.

In December, 1929, this patient was first seen with a history of nine months' anaemia. He was found to have pernicious anaemia with a red blood count of 1,100,000. He was treated with liver and his blood count steadily rose. In February, 1933, he complained...
of tingling in the toes but no objective signs of cord disease were then discovered. He discontinued treatment for a year and when again seen in June, 1934, his red blood count was down to 1,700,000. This again improved under liver treatment.

Patient first complained of visual disturbance in June, 1935, saying that he had obtained new glasses a month previously but that in spite of them his sight was worse. He was found to have 6/36 vision in each eye with correction and was still able to work as Post Office sorter. No abnormality seen in discs or fundi beyond the opalescent haze associated often with anaemias. Neurological examination showed that position sense was deficient in toes, and vibration sense in legs was diminished. His blood count was 4,900,000 but he had a complete achlorhydria. In March, 1936, vision in each eye was reduced to counting fingers. Nothing abnormal was seen in the fundi except the left disc looked a little paler than the right. He was found to have a full field in each eye to a 10 object but a large relative central scotoma in each eye. Patient smokes very little. Pupils reacted to light and seemed to retain contraction. Wassermann reaction negative.

**Summary of Blood Counts**

<table>
<thead>
<tr>
<th>Date</th>
<th>R. B. C.</th>
<th>Hb.</th>
<th>C. I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/12/29</td>
<td>1,100,000</td>
<td>24%</td>
<td>1.09</td>
</tr>
<tr>
<td>23/1/30</td>
<td>3,500,000</td>
<td>70%</td>
<td>1.07</td>
</tr>
<tr>
<td>3/3/33</td>
<td>2,700,000</td>
<td>58%</td>
<td>1.29</td>
</tr>
<tr>
<td>16/11/34</td>
<td>1,700,000</td>
<td>44%</td>
<td>1.03</td>
</tr>
<tr>
<td>18/12/34</td>
<td>2,800,000</td>
<td>58%</td>
<td>.98</td>
</tr>
<tr>
<td>25/6/35</td>
<td>4,900,000</td>
<td>96%</td>
<td>.97</td>
</tr>
<tr>
<td>19/9/35</td>
<td>4,100,000</td>
<td>80%</td>
<td>1.3</td>
</tr>
<tr>
<td>5/6/36</td>
<td>3,400,000</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>

**Summary of Case**

1. This case of pernicious anaemia observed over seven years would appear to be responding very satisfactorily to liver treatment in so far as the blood condition is concerned.
2. Complete achlorhydria continues to exist.
3. Symptoms and signs suggestive of subacute combined degeneration of the cord exist, though the condition cannot be said to be fully developed.
4. Progressive failure of vision has been watched during the
past year, during the whole of which period patient's red blood count has been at a satisfactorily high level.

5. Optic atrophy does not exist, though possibly one disc is a little paler than the other.

6. Pupils continue to react to light.

7. Central relative scotomata exist, suggestive of retro-bulbar neuritis, and the visual fields are full.

I suggest that the eye condition might be accounted for by a de-myelination of the optic nerves comparable to the de-myelination of the postero-lateral columns found in sub-acute combined degeneration. The comparatively little interference with the axis cylinders would account for the non-development of optic atrophy.

I wish to thank Dr. C. C. Beatty, under whose care this patient is, for the notes on the progress of the anaemia.

A RETENTION CYST OF UNUSUAL SIZE, PROBABLY OF KRAUSE'S GLAND, SIMULATING ANGIOMA OF THE ORBIT

BY

D. V. GIRI

EASTBOURNE

DOREEN M. was first seen by me in January, 1928, at the Royal Eye Hospital, Eastbourne, at the age of 6 years, because of eyestrain, and a low hypermetropic correction was ordered. At the time nothing abnormal about her eyes or adnexa was noted. Again in February, 1929, and January, 1930, the eyes were refracted and nothing abnormal was found. In March, 1931, she came complaining of a lump on the upper lid of the R.E. at the inner end of the brow which "came and went," being sometimes very prominent and sometimes hardly noticeable. Sometimes she felt something "going over" and then it pained. On making the child bend her head forward a slight bulge was noticed. The consistency of the lump was probably soft but could not be definitely made out as it receded so easily on palpation.

When she was seen again in April, 1932, a cystic tumour—smooth, mobile, and non-adherent to the skin, could be distinctly felt at the upper inner angle of the orbit. By November, 1932, it was obvious to the naked eye and could easily be made prominent by bending the head forward. The patient gave a history of some bleeding from under the right upper lid without any apparent cause one day in the class-room. Eversion of the upper lid did not expose the tumour.
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