being known, it is a simple matter to read from a table what their separation would be in distant vision.

Fig. 3 illustrates how well the difference in height of the two eyes comes out, though one is only 4 mm. above the other. It must

FIG. 3.

at once be evident how much more accurate this method of frame fitting must be than those usually employed.

For bifocals my plan included celluloid templates cut to the shape of all the ordinary kinds of reading segments. These were to be laid over the finished photograph, so that by running a fine pencil round their edge, their most approved position and size could be studied and marked before the photograph is passed on to the workshop.

PSEUDO-GLAUCOMA

BY

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IN view of Dr. Adalbert Fuchs' interesting paper on this subject in the February number, 1928, the following case, which differs in some features from any of his, is perhaps worth recording.

The patient, C.M., a girl, aged 13 years and 9 months, was found on routine school examination to be blind in her right eye. The Ophthalmic School Medical Officer, Dr. Norman Wren, on looking at the fundus at once recognised the rarity of the condition and asked me to see her with him.

The patient is a healthy girl of average development whose good looks are somewhat spoiled by a capillary naevus which covers a large part of her forehead and face. This is present also in scattered areas all over the body, being specially marked on the arms and hands. Another peculiarity is that her right hand and arm are noticeably larger than her left. Seven months or so before the child was born the mother fell downstairs and to this accident she attributes, perhaps with reason, these peculiarities.

The girl is bright and of good average intelligence as evidenced by her standing in school.

Vision in the left eye is 6/6; the right has perception of light only in a limited part of the temporal field. Refraction of both eyes is practically emmetropic. The tension of each eye is normal. Direct reflex to light of the right iris is feeble, but consensual response is brisk. Cornea, aqueous, lens, and vitreous are clear; iris is normal in appearance and the fundus, apart from the disc, is normal.

The appearance of the disc arrests attention at once; it is smaller than normal and instead of being circular is roughly rectangular in shape, with the longer sides nearly horizontal; the margin forms the over-hanging edge of a deep goblet-shaped cavity which is obviously larger in all directions than the disc which forms its mouth. So great is the over-hang that it is impossible to follow any of the vessels which curl round the margin to their junction with the central vessels in the depths of the cup. The inner edge of the rim on the temporal and supero-temporal sides is formed by a narrow white scleral band outside of which is a band of pigment. The white band is not so clearly marked at other parts of the margin (Fig. 1.).

In the floor of the cup (Fig. 2) which is about 5D. in depth, the lamina cribrosa is clearly seen in an area occupying its upper third; below and to the nasal side of this two vessels emerge. Of these the lower one is the larger. It forms a broad band directed to the nasal side and from its upper surface two vessels are given off within a very short distance. These can be traced so far in the walls of the cup as to leave little doubt that they are the superior temporal and nasal retinal arteries.

The other vessel in the cup is therefore in all probability the central vein. In size it is narrower than the artery. The retinal veins in the fundus have the ordinary dark colouration which distinguishes them readily from the arteries, but there is no difference in colour between the two vessels as they appear in the floor of the cup. At first I took this to be another peculiarity of this case, but on looking up Frost's "The Fundus Oculi" I found that in cases of deep glaucomatous cupping he depicts the same phenomenon though he does not refer to it in the text. I have paid

FIG. 1.

Right Eye. Direct method. Retina in focus.

FIG. 2.

Right eye. Direct method. Base of cup in focus.

attention to this point in every case of deep glaucomatous cupping I have seen since my attention was drawn to it, and so far I have found that at the bottom of the cup the vein does not appear any darker than the artery. Why this should be so I am at a loss to understand. Probably it is a question of illumination and is dependent on the depth of the cupping.

The disc in the other eye is of normal size and appearance. Its only peculiarity is a single small isolated round patch of pigment whose position is indicated in the drawing (Fig. 3).

Diagnosis: The deep cupping extending to the margin of the disc all round, and the fact that the only area of field in which any

FIG. 3.

Left eye. Direct method.

vision is present is on the temporal side, are both suggestive of glaucoma. But the array of facts on the other side leaves to my mind no doubt that we are dealing with a congenital abnormality. In the first place there is the presence of the other abnormalities in the body—the naevus and the difference in size of the upper limbs. Then in the eye itself the peculiar rectangular shape of the disc, the striking goblet-shaped cupping, the very unusual way in which the branches of the retinal artery originate, and the absence of increased tension or any history of pain in the eye all point to the conclusion that the condition is a congenital one.

It is at least an interesting coincidence that there is a history of severe trauma to the mother during the very early foetal life of this child. The child is one of a family of eleven, all of whom are alive and well, except two boys who died in infancy. Two younger children, aged 11 and 8 years, have been examined by Dr. Wren and myself, and found to have normal eyes. One brother, aged

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

FIG. 1.