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HAEMANGIOMA OF THE ORBIT

BY

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M. H., female, single, aged 40 years, an English school-teacher, was admitted as an in-patient to the Royal London Ophthalmic Hospital on June 21, 1929, and gave the following clear history :—

Five years ago while in South Africa she noticed that her left vision was blurred and she at once consulted an oculist in Durban who advised dental treatment which was carried out. Despite treatment the sight of the left eye gradually deteriorated, so last year while in New Zealand she again saw an eye specialist who said she had scleritis and changed her glasses. This year her vision became so bad that she returned to England for further advice. Her general health has always been good.

On Examination :—There was a fairly extensive capillary naevus of the left side of the face, a portion of which is shown in Fig. 1.

Right eye—normal.

R.V. with $\frac{+ 0.75 \text{ sph.}}{+ 0.50 \text{ cyl. ax. } 70^\circ} = 6/3.$

Left eye.—There is considerable generalised dilatation of the scleral vessels, with deep purplish coloration of the sclera near the

FIG. 1.

equator (Fig. 1). There are no precipitates, the cornea is bright, the pupil is active and dilates regularly, the lens and vitreous are clear and the tension is normal. There is marked oedema of the retina centrally and especially along the upper nasal vessels. The edges of the disc are blurred by the oedema while there is obvious pigmentary degeneration of the macula as shown in Fig. 2. The retinal veins show slight engorgement and in the periphery there is some nipping of the smaller arteries by the veins; this nipping is not illustrated in Fig. 2. There is no proptosis, nor is there any defect in ocular movements.

L. V. = counting fingers at one metre.

FIG. 2.

FIG. 3.

Visual Fields.

Left. White.—Large absolute central scotoma but no peripheral constriction. (Fig. 3.)

Colour.—No perception of red or green throughout the field.

Right. White } Normal.
Colour }

Wassermann Reaction.—Negative. *Urine.*—Negative. *Teeth.*—X-ray is negative. *Ear, nose and throat.*—"No evidence of infection." *X-ray orbit.*—"Slight increased density of left as compared with right orbit." *Optic foramen.*—"No apparent abnormality." *Skull.*—"No abnormality. In the antero-posterior view the greater density of the left orbit is also shown.

General Examination.—Negative.

The patient was seen by all the members of the staff, and although they were not unanimous as to the diagnosis, yet several of them considered that, in view of her facial naevus and the X-ray report, she had a naevus of her choroidal and orbital vessels causing slight back pressure which was exhibited in her sclera by engorgement of the vessels and in the retina by oedema. They were unanimous that no further treatment was indicated.

I have to thank Mr. Duke-Elder for permission to publish this case.

ATYPICAL COLOBOMA AND VASCULAR ANOMALY

BY

LESLIE BUCHANAN

GLASGOW

THE paper published in THE BRITISH JOURNAL OF OPHTHALMOLOGY, December, 1929, p. 608, by Drs. Ida Mann and Jas. A. Ross has been of great interest to me as it recalled to my mind a somewhat similar case which I saw at the Glasgow Eye Infirmary in 1904.

I made a rough sketch of the condition at the time and some months later sent the sketch to Mr. Treacher Collins for his opinion. Mr. Collins considered the sketch as probably representing the clinical appearance which one would have seen in his case of microphthalmos shown in section in plate IV, *Trans. Ophthalm. Soc. U.K.*, Vol. XIII.

I kept the sketch beside me hoping to get something like it some day to publish with it, but nothing just similar has been seen until I read the paper in this journal last month. The case of which I