PARTIAL EVULSION OF THE OPTIC DISC *

BY

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History.—The patient, A. S., male, aged 12 years, was struck in the right eye by a firework on June 27, 1919. On the same day he was admitted to the Royal London Ophthalmic Hospital under the care of Mr. J. Herbert Parsons.

On admission, the right eye showed a small wound of the

conjunctiva between the limbus and the outer canthus. The pupil was irregularly dilated and was tucked back on the outer side. The lens was clear and dislocated inwards. There was much vitreous haemorrhage and commotio retinae, which obscured details of the fundus. He could perceive light with the eye, projection was

* Patient shown on Nov. 5, 1919, before the Section of Ophthalmology of the Royal Society of Medicine.

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defective down and in, and the tension was subnormal. The left eye was normal with a vision of 6/6. The patient was kept in bed for three weeks, atropin being instilled in the right eye.

On July 23, the vitreous had partially cleared and there was no commotio retinae. The retina was seen to be in position, but the disc was obscured by an unusual appearance, details of which, owing to the state of the vitreous, could not be made out till August 2, when a good view was obtained. The disc was then seen to be included in a horizontally oval ectatic area bounded internally by the disc margin and extending outwards towards the macula. The area presented a much paler reflex than the rest of the fundus and was sharply defined, except below, by superficial retinal pigmentation. Round the macula there was dense pigmentation and between the disc and macula there was pigmentation and some cicatricial tissue formation. The retinal vessels, on entering the area, showed a decided bend similar to that seen in early glaucomatous cupping and, once in the ectasia, they were out of focus. The walls of the ectasia were steep at the disc, above and below, but towards the macula the slope was more gradual. The ectasia was rather too shallow for accurate measurement; the disc was the deepest part and vessels there were brought into focus by minus two dioptries. Below the area there was much retinal degeneration, and at the periphery the only abnormality was guttate pigmentation.

The patient could count fingers at six inches, projection was defective down and in, and the tension was subnormal.

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THE three cases recorded below are of interest as illustrating an unusual complication following the performance of Saemisch's, or, more correctly, Guthrie's section for corneal ulcer.

CASE I.—H. G., aet. 52, was admitted to the Birmingham and Midland Eye Hospital on November 14, 1919, suffering from a hypopyon ulcer of the left eye. There was no history of injury. The eye had been affected for eight weeks. Guthrie's section was performed under cocain on the evening of admission. At the first dressing on the following day the condition of the eye was satisfactory. About two hours later the patient complained of pain, and on the dressing being removed the lens in its capsule was found adhering to the pad. The dressing was reapplied. About one hour later further pain was complained of, and on removing the pad vitreous was seen to be protruding through the gaping corneal wound. The eye was eviscerated the same afternoon. On