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COMMUNICATIONS

CYSTIC RETINAL DETACHMENTS

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It is only in comparatively recent years, since detachment of the retina became other than a hopeless condition, that its varieties have been studied. The vast majority of simple detachments are characterised by the presence of a hole which is in all probability the *fons et origo mali*. In myopes the hole is most commonly horseshoe-shaped and in the upper temporal quadrant, and in emmetropes and hypermetropes a disinsertion in the lower temporal quadrant of the retina. There is, however, a much rarer type in which no hole is present and is, in fact, a cystic detachment which is not widely recognised and has only previously been reported in single cases by British writers.

Comment was made by the writer on this subject in the *Brit. Jl. of Ophthal.* of February, 1935, but a description of the condition may be repeated.

The cysts reported hereafter occurred in persons of middle-age. The history given was that an opacity was suddenly noticed in some part of the nasal field and that this did not later increase as is usual in detachments. It seems also that the sensation of movement experienced with a billowy detachment does not occur. Central vision was unimpaired though a scotoma corresponding to the detached area was found. In two patients the condition was bilateral. All the cysts were temporal and extended to the periphery of the retina, three being in the upper quadrant and five in the

lower. In shape they were somewhat more globular than most detachments and the posterior edge was either crenated or smoothly curved. The detached area has a peculiarly thin and transparent appearance and on careful focusing of the ophthalmoscope light presents a finely mottled surface somewhat resembling a honey-comb or beaten silver. In some places the light is brightly reflected as if from the surface of minute cystic swellings. No hole is present. The extreme transparency suggests that the detachment occurs not between the external limiting membrane and pigment epithelium, but in the nuclear and reticular layers of the retina, in the situation of the small cysts so commonly found in the anterior regions of otherwise normal senile retinæ. As no case has been reported after histological examination, however, this must remain a hypothesis, though the fact that the detached area after replacement fails to regain its function is evidence in its favour. All cases were cured by a single diathermy operation and no other type of detachment offers so good a prognosis.

The symptoms, the globular shape and the absence of a hole are all suggestive of sarcoma of the choroid, a diagnosis made in two of these cases in spite of the transparent appearance of the retina. This mistake should not occur if the possibility of retinal cyst be considered.

Whether the condition, if untreated, would spread and involve the macula is uncertain, though several large detachments involving most of the temporal retina have been seen which at least resemble cysts which have spread. Only definite cases are included in this report.

Case 1.—The patient was a surgeon who gave a very reliable history. Four cysts occurred, two in each eye.

Mr. G., aged 57 years.

In November, 1933, shadow noticed in upper nasal quadrant of right field. No increase in size since first noticed. R.V., 6/5. Field loss.

Typical cyst in lower temporal quadrant. Successful diathermy operation December 22, 1933. Central and peripheral vision unchanged.

About March 1, 1934, two shadows seen in nasal fields of left eye. L.V., 6/5. Two typical cysts centred at "1.30 o'clock" and "4 o'clock." Both were cured by diathermy without change of vision.

Christmas, 1934, a further cyst was found in right eye centred about "9 o'clock." Cured by diathermy.

Final condition: Vision in right eye, 6/5; left eye, 6/5 part; slight distortion. Field loss to about 35 degrees on nasal side, chiefly above.

Case 2.—Mr. S., aged 64 years.

In February, 1935, the right eye began to feel "uncomfortable." In April flashes of light were noticed followed by a shadow which did not later increase in size. Cysts were found in both inferior temporal quadrants.

Right vision, 6/5; left vision, 6/5.

Right cyst cured by diathermy operation. Left not treated.

Case 3.—L. A. In December, 1933, noticed black moving spot with left eye. Vision unaffected, 6/5.

In March, 1934, cyst found in upper temporal quadrant, previously diagnosed as neoplasm.

Successful diathermy operation in May, 1934. Vision, 6/5. Field loss not regained.

Case 4.—Mrs. F. November, 1933, noticed small black spot with left eye, followed by flashes of light two days later. No subsequent increase of size. Vision, 6/5.

December, 1933. Typical cyst in inferior temporal quadrant cured by diathermy operation. Visual defect remained as before operation.

Cases of this type in which the cyst is the entire detachment have previously been described by Weve and Butler. Other types of retinal cysts may be summarised.

A type of cyst associated with true retinal detachment has been described by Weve and Cridland. Here the cyst is probably sub-retinal, the surrounding retina being raised from the choroid presumably by the growing cyst. A retinal tear is usually present in addition. Only one such case has been seen by the writer; it occurred in a girl, aged 13 years, and the cyst had ruptured.

In passing, other cysts of the retina may be mentioned. Small congenital cysts have been described by McCulloch arising from the optic disc, and by Stieren in opaque nerve fibres; degenerative cysts from subretinal haemorrhage in Lindau's disease and in probable Coats' disease by Hine, small cysts at the macula, often bilateral, and associated with great disturbance of central vision. Finally, there are the small cysts found in the anterior portions of the retina of almost all old people, which seem to be of little clinical significance.

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THE TREATMENT AND COMPLICATIONS OF CHALAZIA

BY

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THE chalazion, or Meibomian granuloma, is so much a commonplace of ophthalmic practice that it stands in some danger of being treated with an unmerited contempt, born of long familiarity. In standard text-books the treatment is usually dismissed in a few lines; *de minimis non curat lex*; but in actual practice the traditional operation of incision and curettage is not so invariably satisfactory as one is led to suppose. Admittedly, most cases are benefited, and the majority cured, by this simple procedure; but