

affected the remaining fibres of one optic tract too. Toxic damage to the optic fibres including that which is associated with pregnancy is exerted in most cases on the retrobulbar part of the axial fibres of the optic nerve, and thus arises what is known as retrobulbar neuritis. The damage to the optic fibres originating in the left retina of the patient was initiated in this way. This may support the assumption of a toxic origin, though the impairment of central vision may also be an early sign of pressure. The peculiar feature of the case presented here is that the toxic damage should extend so far along the visual path. The multiplicity of pregnancies may account for this. In such cases the task of differentiating a toxic state from that caused by a tumour in or near the sella may arise. As I tried to show, the hemianopic defect of the visual field does not prove beyond doubt that it is caused by the pressure of a neoplasm; it may be the result of the same toxic damage to the optic tract as that which affected the optic nerve. Cases may occur in which the alternative—pressure or toxic damage—cannot be decided for a while. Decision may sometimes be possible only in the later course of the disease. Fortunately in cases of pregnancy such uncertainty does not imply any therapeutical dilemma, since termination of the pregnancy is warranted in the case of an alleged tumour especially if the impairment of vision seems severe; and it is known that the growth of a hypophyseal adenoma may be stimulated by simultaneous pregnancy.

REFERENCE

KNAGGS, LAWFOED (1896).—*Brit. Med. J.*, 330.

AN UNUSUAL CONGENITAL DEFECT*

BY

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DAPHNE S. was brought to one of us (A.H.B.) at the age of fourteen days, as the parents had noticed an abnormality of the right eye since birth. The child was normal and healthy in all other respects, and there was no family history of known ophthalmic defect. The pregnancy and labour were apparently normal.

On examination, difficult in so small an infant, it was found that the lids and adnexa were normal. The eye was white and of

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normal dimensions. The cornea was clear and bright with no precipitates, but in the upper inner quadrant a pink fleshy mass was present in the anterior chamber, touching and apparently adhering to the posterior corneal surface, and occupying the whole depth of the anterior chamber in this area.

The mass was rounded and apparently solid in nature, and appeared to spring from the region of the root of the iris. It was

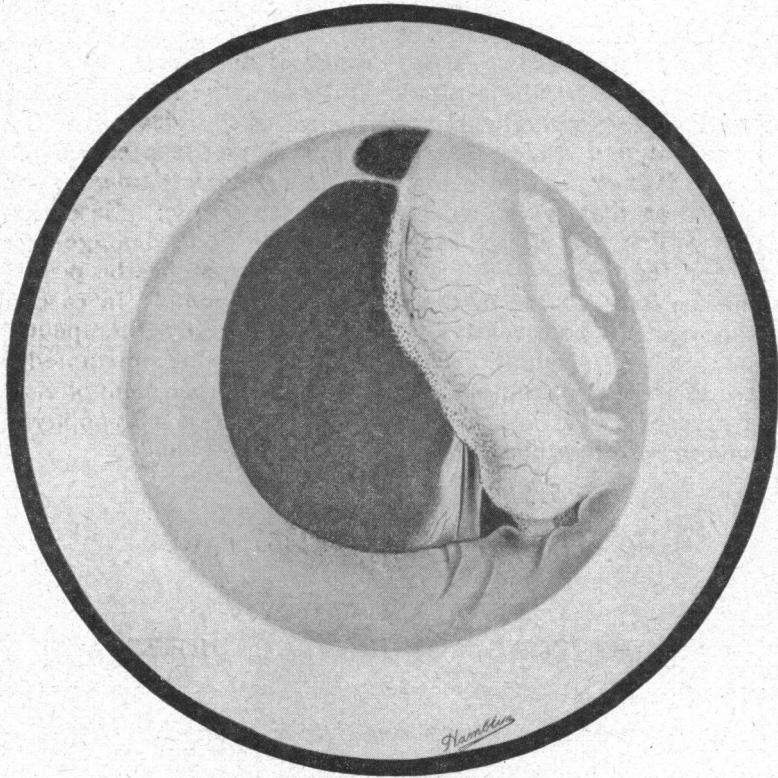


FIG. 1.

approximately 3 mm. in diameter. The anterior chamber was clear and of normal depth. The iris was normal except that there was a coloboma in the area occupied by the tumour, its margins attached to the tumour by multiple fine vascular strands. The lens was mainly clear, but with a slight posterior opacity, and there was evidence of vascular strands still present in the anterior part of the vitreous. Very little view could be obtained of the fundus,

even when the pupil was dilated with atropine, but no gross abnormality was discovered.

The child was kept under observation, and in two months it was found that the tumour was not quite so solid in appearance, and vessels could be made out on its surface. It was possible to do an approximate refraction, which showed a high degree of irregular astigmatism.

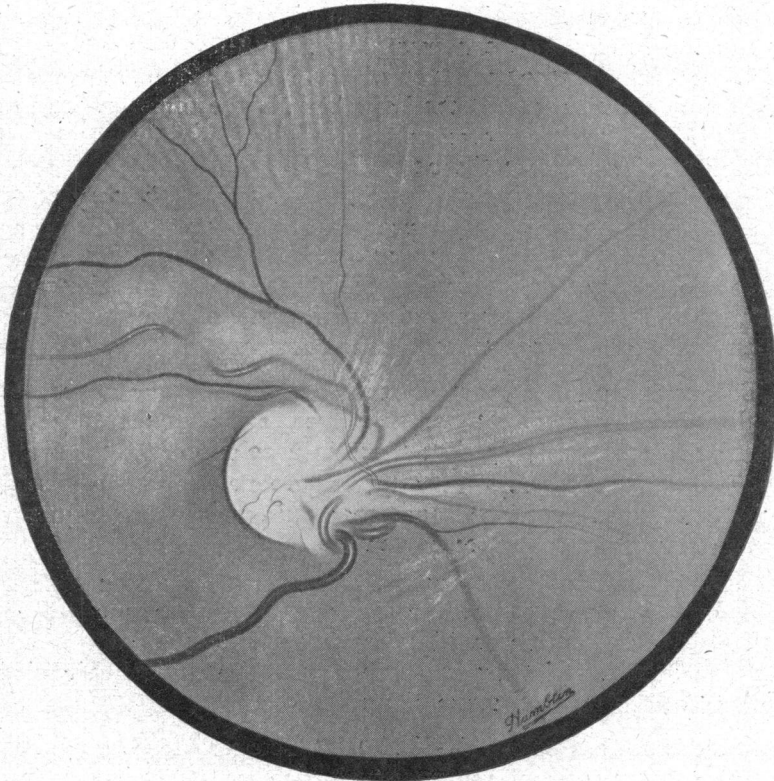


FIG. 2.

At the age of four months the condition had undergone no evident change, and further examinations at nine months and sixteen months revealed very little alteration in size or appearance.

Daphne then removed with her parents and was seen (by D.W.M.) in April, 1948, at the age of nearly six years. The occasion was the development of a right convergent squint three months earlier, following a mastoiditis which resolved without

operation. Under atropine the refraction of the right eye showed a large and irregular myopic astigmatism, and even with correction there was little useful vision. The left eye had three dioptries of hypermetropia, its vision was full and its fundus healthy.

The right eye showed a large iris coloboma on the nasal side which was completely filled by a rounded pink mass with fine vessels running over its surface. This mass extended almost half way across the dilated pupil, and protruded into the anterior chamber so as almost to touch the cornea. Over the base of the tumour the cornea showed two islands of greyish opacity resembling arcus senilis. The eye was white, and the tension was not raised. Ophthalmoscopy revealed thin strands of persistent pupillary membrane, and at the lower pole of the tumour the fibres of the zonular ligament were exposed. There was an anomalous distribution of vessels at the optic disc.

The patient's mother was able to give a detailed history of the condition, but she said that, a year earlier, a doctor had told her that the vision of the right eye was normal. Though this seemed improbable, a slight doubt was raised whether, after all, the condition were as static as it appeared, and in view of this the opinion of Miss Ida Mann was obtained. She commented (June, 1948):—

“ The condition is a most unusual one and I have never seen anything quite like it. It has, however, every appearance of a congenital abnormality in that there is a coloboma of the iris, a *situs inversus* of the disc, a very high myopic astigmatism, a small tag of persistent pupillary membrane, and complete absence of inflammatory reaction or raised tension.

“ . . . I am strongly of opinion that nothing should be done. I would suggest, however, that an accurate painting be made by an ophthalmic artist, which could be used for comparison six months and a year hence. If there is no change in that time I think it is perfectly safe to leave the eye alone.”

Daphne was last seen (D.W.M.) in October, 1948. She had recently recovered from mumps, was in very good health, and though her strabismus was pronounced there was no discoverable alteration in the picture of her right eye.

The writers wish to express their appreciation of Miss Mann's courtesy in permitting them to quote excerpts from her letter.

