Section of Ophthalmology

President—M. L. HINE, M.D., F.R.C.S.

[*March* 10, 1950, *continued*]

MEETING HELD AT THE MOORFIELDS BRANCH OF MOORFIELDS, WESTMINSTER, AND CENTRAL EYE HOSPITAL, LONDON

Iridoschisis.—P. McG. MOFFATT, F.R.C.S.

W. H., male, aged 59.

No relevant previous history except that he did a lot of boxing during first World War and received several blows on and about the eyes and after one particularly severe blow in 1916, he states that the appearance of the right eye was altered but he still retained useful vision.

No relevant family history.

First attended Royal Westminster Hospital in 1943 for asthenopia and a disturbance of the pigment of the right eye was noted.

Corrected vision was 6/6 R.E., 6/9 L.E. The left eye showed early lens changes.

Attended 1948 with mature cataract of left eye and post-central opacities of the right eye. The left lens was removed in 1948.

In January 1949 the right cataract was mature and the left had 6/6 vision after capsulotomy.

At this time fibres from the periphery of the iris were seen to be adherent to the posterior surface of the cornea in both eyes.

He has now been admitted for right extraction and the condition was found to have progressed to its present state, which is shown in the photographs.

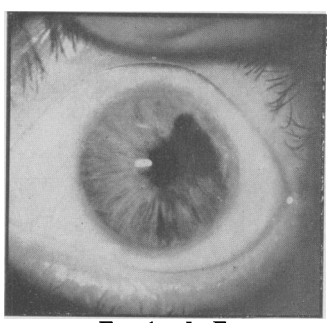

FIG. 1.—L. E.

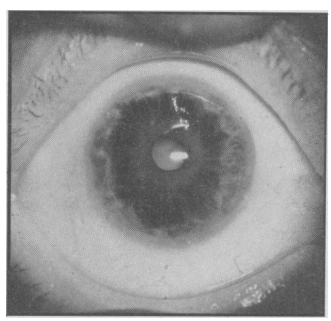

FIG. 2.—R. E.

[*May* 11, 1950]

Congenital Retinal Fold, in Association with Pseudopapillitis.—P. D. TREVOR-ROPER, F.R.C.S.

A man, aged 28, had been referred by his optician as his sight could not be improved beyond 6/24. He had apparently never been able to read small print. About twelve years previously the patient had been seen by a doctor in Middlesbrough, who wrote that he remembered the abnormal discs and the amblyopia which he could not improve, but he had not then noticed any abnormal retinal condition. In 1946 the patient was referred to this doctor again, and the retinal fold was then also noted. The following abnormal signs were now evident:

(1) Both discs were very prominent, congested and with an ill-defined margin.

(2) There was a sheet of retina with fine tortuous blood vessels lying in front of the normal retina in the lower quadrant. This was irregular but could be described as a sector-shaped sheet, directed towards the disc (although falling short of it), and with a very large bite taken out of it (Fig. 1). The normal retina appeared to continue underneath it, the different sets of blood vessels showing an obvious parallax.

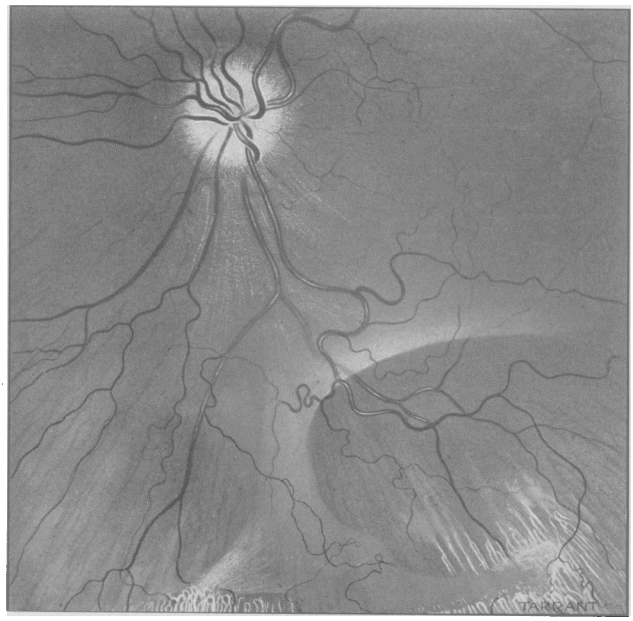

FIG. 1.—L. E. 22.3.50.

(3) Both retinæ showed small scattered foci of intense choroidal sclerosis.

(4) Apart from slight bilateral superior oblique overaction, the eyes appeared otherwise normal, but the vision corrected only to 6/24 in each with a relatively small hypermetropic and astigmatic error. There was no blind spot enlargement, and the only field change was a slight peripheral restriction in the left field exactly corresponding to the retinal fold.

The speaker thought that the case must be one of a congenital retinal septum or fold. These could occur at any site, and normally ran from the disc, fanning out to reach the ora serrata and posterior surface of the lens; in this instance it was incomplete.

Such cases are said to result from an abnormality of the hyaloid vascular system, with persistent adherence of the primary vitreous to retina so that it lifts up a fold of retina, usually leaving tags of the hyaloid remnants and occasionally patches of gliosis adherent to its edge, although these are often visible only microscopically. The fold indeed resembled a shallow detachment, but the presence of subjacent retinal blood vessels would seem to rule this out.

The changes in the optic discs seemed more gross than could be explained as a physiological variation in a mild hypermetrope, and he suggested that they were evidence of the gliosis that was such a common feature along the course of the distracted hyaloid system with retinal folds, although here it was localized to the disc, whereas the fold itself stopped short of it.

It seemed improbable that the retinal abnormality could have been overlooked twelve years ago, yet in eyes already showing congenital defects, discs and amblyopia, he was reluctant to surmise a recent origin of the fold in spite of its unusual features.

Mr. Eugene Wolff suggested that this was a choroiditis. At one time there was inflammation involving the choriocapillaris, an exudate passed through the retina and into the vitreous, and the fold was the organization of that exudate.

Mr. E. F. King was of the contrary opinion to Mr. Wolff. He did not think that it was organized exudate.