

NOTE UPON A CONGENITAL APPEARANCE OF THE FUNDUS OCULI.

BY SYDNEY STEPHENSON, M.B., M.C., F.R.C.S. EDIN.,
OPHTHALMIC SURGEON TO THE EVELINA HOSPITAL AND TO THE NORTH-EASTERN HOSPITAL FOR CHILDREN.

THE object of the following brief communication is to call attention to a somewhat common ophthalmoscopic appearance—namely, a translucent globule lying in the hinder part of the vitreous humour. The condition must be far from rare, since I have notes of twenty-nine cases and have seen at least as many more. From figures at my disposal I should estimate it to be present in about 1 per cent. of presumably healthy eyes. So far as I know, however, it has not yet been described, unless communications by Dr. Kollock and Dr. Randall may be taken as referring to the subject. The former¹ reported that he had met with a small cystic outgrowth attached by a pedicle to the optic disc. The latter observer² described two analogous cases where a small "pellucid vesicle stood out upon one of the retinal vessels." Dr. Randall's paper is illustrated by two roughly executed sketches of the condition. It is possible, also, that to these growths a reference is made by Mr. Lang and Mr. Collins in the article upon Congenital Malformations and Abnormalities that they have contributed to Norris and Oliver's "System of Diseases of the Eye."³ Those writers speak of "little rounded bodies of a steel-grey colour which appear to be fluid-containing cysts attached to the optic disc."

In my cases the tiny masses had a faint greyish colour, allowed light to pass through them, and lay in front of the retinal vessels. In general appearance they reminded one of a drop of oil. To the direct method of ophthalmoscopic examination they ranged in size from 0.5 mm. to 4 mm. in diameter. Their shape was usually globular, but in some instances they were reniform, pear-shaped, fusiform, or resembled in outline a dumb-bell or a Florence flask. Although a so-called "parallax" can be made out between them on the one hand and the underlying vessels on the other, yet they do not lie far forward in the vitreous; for example, the refraction difference between them and subjacent parts seldom amounts to more than 2 D. or 0.66 mm. Thus far I have met with them only in the immediate neighbourhood of the optic disc, a fact that suggests some connexion with the embryonic hyaloid artery or its sheath. Exceptionally I have seen them attached to the point of bifurcation of the central artery of the retina by a fine filament of glistening tissue. As a rule they are devoid of movement except such as may occur in association with excursions of the affected eyeball. In four of my patients the condition was found in both eyes.

It is not uncommon to find these bodies in eyes that manifest other congenital anomalies, such as persistent pupillary membrane, opaque nerve fibres, tortuous retinal vessels, venous peculiarities, cilio-retinal vessels, connective tissue around the central vessels on the optic disc, or faint zonular cataracts. Some of my patients have remained under observation for several years, but no change has been noticed to take place in the size or position of the little masses.

No mention of this anomaly has yet found its way into the text-books, although its comparative frequency and its liability to be mistaken for a diseased condition certainly entitle it to a place. The knowledge of this omission (as it seems to me) has led me to send a note upon the subject to THE LANCET.

Welbeck-street, W.

NOTE ON A CASE OF LEPROSY.

BY OSCAR LEVY, M.D. FREIBURG, L.R.C.P. LOND.,
M.R.C.S. ENG.

THE patient, a Russian Jewess, aged sixty-one years, came to England in 1891 from Mitow in Kurland, one of the Baltic provinces. She was apparently in good health until suddenly, two years after she had landed in this country, her nose became painful and began to swell until it became

double its original size. The colour was a lively bluish-red and the swelling extended to both cheeks. In the same time the meatus and the interior of the nose were swollen and very painful. This inflammation disappeared after a time and subsequently in about six months a rash developed all over the body. No account of fever is given. Pains then supervened both in the arms and the legs. During the following four years the face became affected, large infiltrations were formed especially round the mouth and nose, leaving deep grooves between them. These infiltrations diminished in size sometimes and then increased again. Three months ago the throat became very painful. When I was called to see the patient on Jan. 21st I found her sitting in a chair and complaining very bitterly about difficulty in swallowing and breathing. The marked leonine expression in her face at once struck me and reminded me very forcibly of the many cases of leprosy I had seen on the Tshu-kiang River, near Canton in China, among the numerous river population who came in their "sampans" surrounding our steamer, holding up their fingerless hands in order to receive a small coin; and I remembered the lepers I had met in a tour in the south-western part of Iceland, cases so graphically but—if I may add my own and the opinion of Icelandic medical men—in a greatly exaggerated way described by Dr. E. Ehlers (Copenhagen).¹ There was no doubt that this, too, was a case of "lepra tuberosa." But lepra anæsthetica was present as well as a diffused loss of sensibility, while no patches of marked anæsthesia were present. The arms and legs, which were covered with small dark-reddish nodules and showed, like the rest of the skin, the peculiar brownish colour, were wholly insensitive to the prick of a needle, this anæsthesia being most marked on the plantar surfaces of both feet. Both muscles of the arms and legs were atrophic, but no swelling of the ulnar nerve or of the peroneal or the cervical plexus could be noticed. The nose was blocked up and very deformed, the soft palate was red and swollen and showed on the right side a superficial ulcer of small extent. The scalp was of course free, but it is remarkable that the lobules of the ears were not affected either. Both upper eyelids showed a firm leprotic infiltration; the corneæ and conjunctivæ were intact. The voice seemed to be rather husky.

I am indebted to Dr. P. S. Abraham, the honorary secretary of the "Special" and "Leprosy Investigation" committees of the National Leprosy Fund, for much valuable information and the clinical confirmation of my diagnosis, and to Mr. Leslie Milburn, an able student of Middlesex Hospital, for the bacteriological researches in this case. He has prepared specimens both from the nasal mucous membrane and from a nodule on the skin of the leg, in both of which I have seen numerous colonies of the bacillus lepræ.

Bloomsbury, W.C.

¹ Vide New Sydenham's Society's Prize Essays on Leprosy. Edmund Ehlers: On the Conditions under which Leprosy has declined in Iceland. 1895.

BIRKENHEAD MEDICAL SOCIETY.—At a meeting held on Feb. 11th (Dr. Lambert in the chair) Dr. Gilson read notes on, and showed a man suffering from, Progressive Muscular Atrophy.—Dr. Francis Johnston opened a discussion on the Therapeutics of Bleeding and Cupping.—The following gentlemen took part: Dr. Lambert, Mr. Stansfield, Dr. Edgar Stevenson, Dr. Hughes, and Dr. Pinkerton.—Dr. Johnston replied.—Mr. Stansfield showed a specimen of Hair which he had removed by operation from a case of Parovarian Dermoid Cyst.—Dr. Lawton gave the history of the case previously to being operated on.

LITERARY INTELLIGENCE.—Messrs. Swan Sonnenschein and Co. have in the press a work on Epidemic Diphtheria by Dr. Arthur Newsholme, Examiner in State Medicine to the University of London, which will be ready at an early date. The work embodies a research on the origin and spread of the disease from an international standpoint. Although dealing largely with statistical data it will be almost free from figures, the necessary facts being stated graphically by means of diagrams.—Mr. H. K. Lewis announces for early publication a new volume in his "Practical Series" entitled "Diseases of the Nervous System," a hand-book for students and practitioners, by Charles E. Beevor, M.D., F.R.C.P. Lond., physician to the National Hospital for the Paralysed and Epileptic, &c.

¹ Medical News, Oct. 23rd, 1886.

² Transactions of the American Ophthalmological Society, 1888, p. 116.

³ Vol. i., p. 456.