or impossible. Progress as far as treatment is concerned would seem to await the discovery of a cytotoxic drug which has a specific effect upon the phy saliferous cells of the notochord.

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Visual Field Defects Associated with Anomalies of the Optic Discs [Abstract]

A bitemporal visual field defect should always suggest the possibility of a chiasmal lesion, but an inspection of the optic discs may in certain cases reveal an intraocular cause for the field loss. In the latter case the usual finding is that of inferior conus or Fuchs’ coloboma of the optic disc, which is often accompanied by inversion of the optic disc so that the retinal vessels emerge from the nasal rather than the temporal side. Frequently depigmentation of the fundus adjacent to the conus is found which is sometimes best appreciated in a retinal photograph or with indirect ophthalmoscopy.

In a series of 9 patients, 15 eyes showing conus of the optic disc were examined. Fourteen of these showed depression of the visual field to a small stimulus on the temporal side. Most of the defects were found in the upper temporal quadrant but some extended to the lower temporal quadrant or across the mid-line into the upper nasal quadrant. The postulated cause of the field defects seem to be due to two factors:

(1) Some degree of ectasia of part of the globe. This is supported by the difference of the refraction in the affected area compared with that of the macula.

(2) Hypoplasia of the retina and choroid with fewer receptors per unit area. The decrease in pigmentation of the fundus in the lower nasal quadrant in these cases is advanced to support this theory.

In differentiating between bitemporal field defects due to ocular and those due to chiasmal lesions, the behaviour of the field relative to the vertical meridian should be noted.

Chiasmal lesions tend to respect the mid-line and end in a sharp edge which in the early stages does not cross the nasal side. Defects due to ocular lesions tend to slope obliquely across the mid-line and frequently involve part of the upper nasal quadrants.

The following paper was also read:

Spontaneous Variation in Visual Symptoms in Compressive Lesions of the Chiasm and Optic Nerves
Dr C J Earl
(The National Hospital, Queen Square, London)

Meeting October 14 1971

Professor Norman Ashton delivered his Presidential Address which was entitled Observations on Ocular Basement Membranes with Special Reference to the Retina.

Meeting December 9 1971

The following papers were read:

Cystic Disorders of the Corneal Epithelium
Mr A J Bron
and Dr R C Tripathi
(Institute of Ophthalmology, London)

Documentation of Corneal Vascularization in Contact Lens Wearers by Means of Corneal Fluorescein Angiography
Dr W S Dixon
and Mr A J Bron
(Institute of Ophthalmology, London)

Evaluation of Donor Corneal Endothelium
Dr E S Sherrard
(Institute of Ophthalmology, London)

Preparation of Whole Corneal Flat Mounts – A New Technique
Dr D M O’Day
(Institute of Ophthalmology, London)