

the centre of the patch there is an irregular break about the size and shape of two of the papilla partly overlapping each other. This patch is itself partly covered with pigment, but is of a dull orange color. If due to atrophy of the choroid at this part, the atrophy is not sufficiently advanced to show the tendinous whiteness of the sclerotic. It would seem to be either a rupture of the choroid at this part or an imperfectly absorbed effusion of blood, or, what is more probable, both these conditions are present.

It will be seen from this description that the injury has resulted in damage to the external muscular apparatus, the crystalline lens, the choroid and, lastly, the optic nerve. No doubt the visual defect is chiefly due to the latter, for there is a very pronounced concentric limitation of the visual field, such as we might expect to find in partial atrophy of the optic nerve, but which could not have resulted from any of the other lesions mentioned.

The color sense, though impaired, is pretty uniformly restricted for all colors (see chart of field). It is not easy to explain how this has happened, since we have no knowledge of the ophthalmoscopic changes shortly after the injury.

There might have been an effusion into the tissues of the orbit causing pressure on the optic nerve behind the eye; or an effusion of some kind into the sheath of the optic nerve, or an interstitial neuritis as a result of concussion of the nerve, and any one of these conditions might have resulted in the existing partial atrophy.