observations throughout and only in natural daylight, keeping the scale in a similar position to that of the eyes of the subject so that the light was impinging directly on them. In this way it is considered that variations due to inconstant light effects were practically eliminated.

While it is recognized that, in the words of Tanner (1953), "the colour of the iris itself is seldom uniform, the general colour being interfered with by superimposed detail colour, usually in the form of spots or small patches," and while it may not always be possible to match a subject's iris colour exactly with one on the scale, any approximation seemed to be close enough to make no significant difference to the overall results. The results are shown in Table I.

TABLE I

Martin Colour Scale :	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
No. of mongols ..	0	1	3	13	3	5	5	4	3	10	1	9	10	25	1	1
No. of controls ..	0	1	3	16	9	3	6	4	3	3	3	12	3	19	3	6

TABLE II

Iris Shade :	Brown	Blue	Total
Martin Colour Scale :	1 to 8	9 to 16	
Mongols ..	34	60	94
Controls ..	42	52	94
Total ..	76	112	188

Professor L. S. Penrose very kindly summarized the findings shown in Table II and commented on them as follows: "Though mongols are a little more often blue-eyed than controls, the difference examined by χ^2 for one degree of freedom is 1.4—quite insignificant statistically."

It would appear, then, that anomalies of pigment metabolism, as reflected by an estimation of iris colour, are not a feature of mongolism.

I am indebted to Professor L. S. Penrose, who suggested this investigation and kindly commented on the results, and to Dr. B. H. Kirman for his interest and advice. My thanks are also due to Drs. L. Crome and J. Stern for their helpful suggestions and to the nursing staff of the Fountain Hospital for their co-operation during collection of the data.

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A Case of Ventricular Cyst Causing Hydrocephalus

In the ventricles of the brain diverticula occur as well as genuine cysts. The genuine cysts are rare and are a disease of adults rather than of children. In the literature mostly single cases are mentioned. Kelly (1951) collected 29 cases of ependymal cysts up to 1951. The youngest patient among them was 21 years old. In the Hungarian literature only Lehoczy (1929) and Kerkovits and Fehér (1954) have reported cases of cyst in the third ventricle. The case recorded here is of an unusually large cyst in the third ventricle, occurring during infancy.

CASE REPORT

At the end of 1954 a 3-months-old male infant was admitted to our department. He was the second child, and was born after a normal pregnancy and labour. Family history was of no importance. At birth the skull was normal in size, but when he was 6 weeks old it was observed to be too big for his age.

On his admission to hospital the huge cerebral skull was in striking contrast to the small facial skull and the abnormally small body. Dilated veins were visible on the skull. The anterior fontanelle was bulging and enlarged to the size of half a hand. The coronal and sagittal sutures of the skull were widely separated. The posterior fontanelle was the size of a baby's hand. The skull bones were soft. The circumference of the skull was 48 cm., that of the chest 37 cm. Signs of bilateral bronchopneumonia were present.

The infant was apathetic and his face was expressionless. The pupils were equal, dilated, and faintly responsive to light. The sucking reflex was regular. Chvostek's sign was negative. The tone of all muscles was increased, and the limbs were in extension. There were no signs of meningism. Tonic-clonic spasms in the limbs occurred several times a day. Lumbar puncture yielded only small amounts of fluid, so that fluid was drawn off from the anterior fontanelle. It was slightly yellow. Pandy's globulin test on the fluid was positive, Walter's bromide test negative. A few lymphocytes were present. The level of sugar was 71 mg. per 100 ml. and of albumin 34 mg. per 100 ml.

Bronchopneumonia persisted, and the infant became steadily worse. He died on the 48th day after admission to hospital.

Post-mortem Findings.—At necropsy the circumference of the skull in the occipito-frontal plane was 50 cm. The small fontanelle measured 8 by 5 cm.

The sutures were widely separated and the skull bones thin. The brain was very large (see Fig.), the gyri were flattened, and the substance was soft. On opening the lateral ventricles a large quantity of fluid gushed out. A cyst the size of a man's fist bulged from the third ventricle; it was full of blood, and was connected to the bottom of the ventricle by a thin peduncle. It filled the whole cavity of the ventricle, compressed the neighbouring structures, and blocked the flow of fluid. Histological examination showed that the wall of the cyst was dense fibrous connective tissue, lined inside with a single layer of flat cells. Elastic fibres were not seen. With van Gieson's stain the wall showed fuchsin red, while the inner layer of cells was orange. This layer stained red with Heidenhain's (azan) stain, the wall being aniline blue. With Foot's silver impregnation the finest fibres of the wall and the lining layer of the cells proved to be argentaffin. From these histological observations the conclusion can be drawn that the dense wall of the cyst consisted of mesenchymal tissue of embryonal character containing no elastic elements. Elements of muscle were not found. The cells lining the cyst were shown by the stains to be young endothelial cells.

We considered the case worth publishing because of the great size of the cyst and because of its occurrence during infancy.

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Dissected brain. a=side ventricle; b=cerebellum; c=cyst.