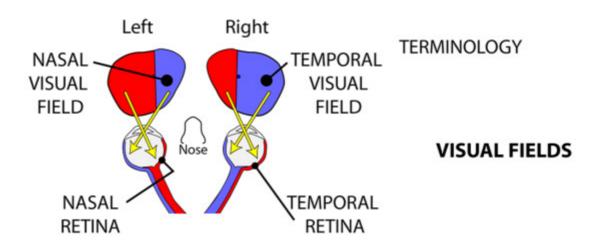
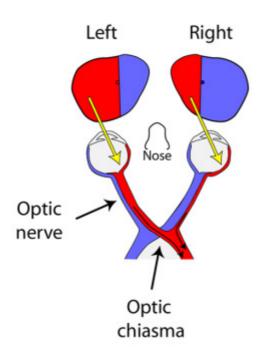
NORMAL AND ABNORMAL VISUAL PATHWAYS



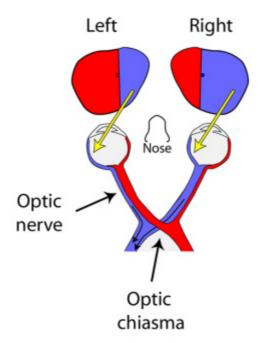


VISUAL PATHWAYS

Left half of vision goes to

- Nasal retina of left eye (these fibres then cross at the chiasma)
- Temporal retina of right eye (these fibres do not cross).

Therefore all **left vision** ends up on the **right side of the brain**.

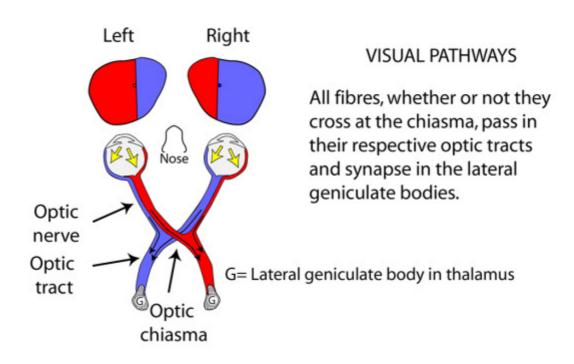


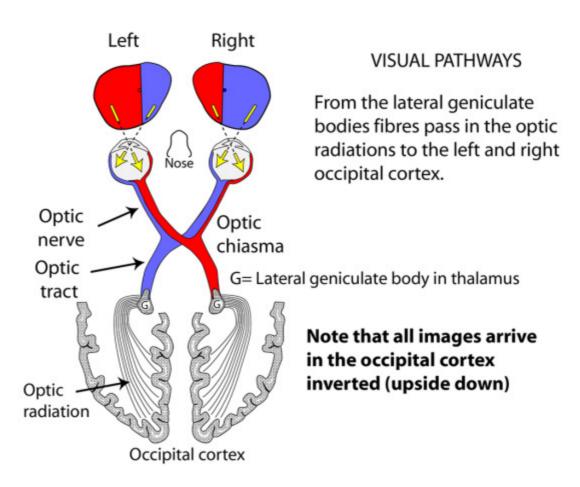
VISUAL PATHWAYS

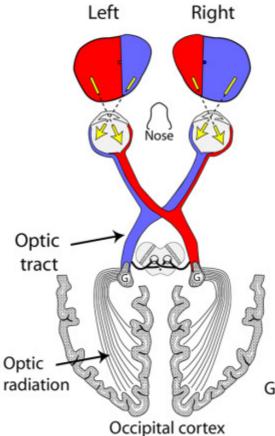
Right half of vision goes to

- Nasal retina of right eye (these fibres then cross at the chiasma)
- Temporal retina of left eye (these fibres do not cross).

Therefore all **right vision** ends up on the **left side of the brain**.





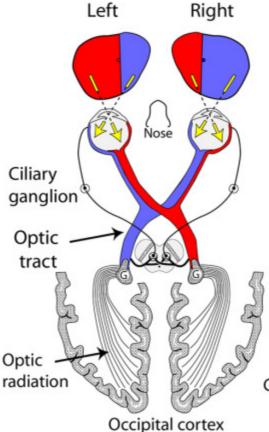


VISUAL PATHWAYS

Fibres from the optic tracts on each side synapse with each of the Edinger Westphal nuclei so that all reflexes are bilateral.

To initiate rapid reflexes at brain stem level, the incoming fibres from the eye must connect to the mid brain which lies near the optic tracts.

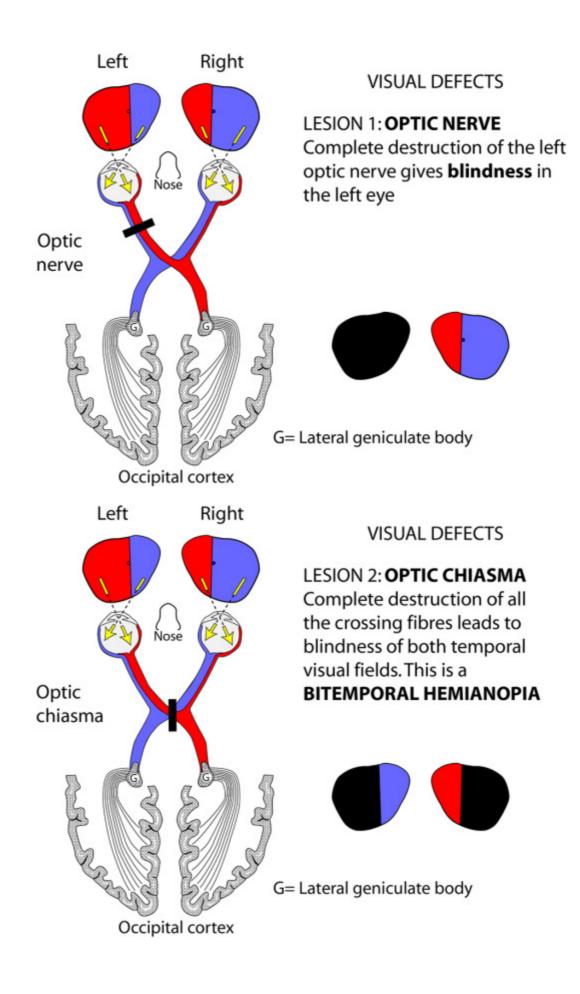
G= Lateral geniculate body

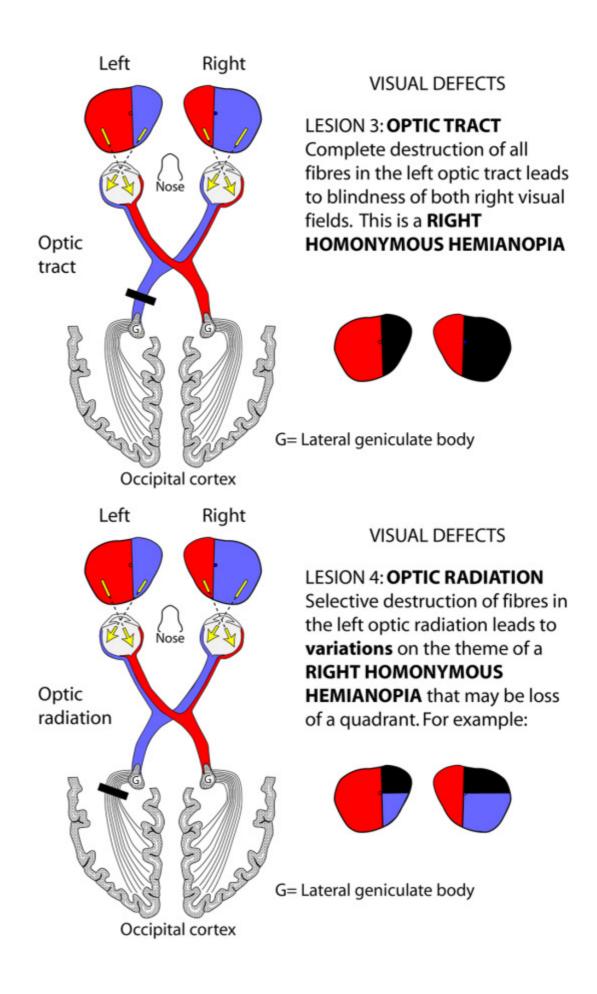


VISUAL PATHWAYS

Parasympathetics from the Edinger Westphal nuclei synapse in the ciliary ganglia and then supply the sphincter pupillae muscles for constricting the pupils.

G= Lateral geniculate body





"A CENTRAL FIELD LOSS
IS ALWAYS CAUSED
BY A PROBLEM IN THE EYE"
(E.G. GLAUCOMA OR
DETACHED RETINA)

"A UNILATERAL COMPLETE
FIELD LOSS
IS ALWAYS CAUSED
BY A PROBLEM IN THE EYE
OR IN THE OPTIC NERVE"