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COMMUNICATIONS

NOTES AND SPECIMENS OF A CASE OF INTRA-ORBITAL NEOPLASM*

BY

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I HAVE brought this case before the Congress as it presents several features which are somewhat out of the common.

Mrs. C., aged 61 years, the mother of a surgical friend, first came to see me on July 14, 1922, complaining that the right eye felt swollen in the morning. The pupils were equal and active. The irides were bright and the tension was normal. There was some redness and oedema of the conjunctiva down and out. The right lens showed a few striae, otherwise there was nothing wrong to be seen in the fundus or media of either eye.

The R.V. with correction=6/6, the L.V.=6/5 and with +3 D.Sph. added, J.1 at 11 in.

On September 11 there was still a good deal of conjunctival oedema and slight proptosis of the right eye was noted.

No mass could be felt in the orbit, there was no diplopia, no pain and no rise of temperature. No thrill nor bruit. An X-ray photograph and examination of the nasal sinuses and antrum by a rhinologist gave negative results. The Wassermann reaction was negative. R.V. still 6/6.

* Read at the Oxford Ophthalmological Congress, 1923.

I sent her to my friend, Mr. Brewerton, for his opinion, who, after a most thorough examination, was not able to give any additional information, but advised large doses of potassium iodide.

On September 21 appearances were the same, but the right vision was not quite 6/6. Both discs had a fluffy outline, but in neither retina were the veins congested. There was no left hyperphoria on looking up.

On October 5 a measurement with the exophthalmometer gave 4.5 mm. of proptosis of the right eye.

On October 26 the proptosis measured was 5 mm., was directly forward and there was limitation of upward and downward movement of 2.5 m.a.

November 1. Rather more limitation of upward movement of right. Proptosis 5 mm.

The iodide was discontinued and extract of thyroid gr. 2.5 given three times a day.

Examination about every fortnight showed very little change. Nothing was to be felt in the orbit at any time. In December the proptosis was 7 mm., and it remained the same till January 28, 1923, when the R.V. had come down to 6/9, but no change could be seen in the right disc.

On January 29, 1923. Under chloroform an incision was made into the orbit after division of the external canthus. The orbit was then explored with the little finger, but nothing could be made out except that the optic nerve seemed greatly enlarged and felt like a strap of uniform thickness all the way. The wound was sutured and nothing more done at the time. In a week or two all was healed and the appearances were much as before, the proptosis as measured was 5 mm., but the vision was reduced to 6/12.

Early in March I sent her again to Mr. Brewerton, who considered that even were it a tumour of the optic nerve it would be much wiser to enucleate the eye and the sooner the better.

As I wished to avoid the possibility of another operation later on I decided to extirpate the orbital contents and on March 20 this was done, when a pinkish grey mass was found on the inner side of the globe and optic nerve, pear-shaped and enclosed in a shining capsule. It was divided as far back as possible, but appeared to extend backwards into the sphenoidal fissure. Roughly, its measurements were: from front to back $1\frac{1}{2}$ in.; diameter in its widest part $\frac{7}{8}$ in. $\times$ $\frac{5}{8}$ in., tapering to $\frac{1}{4}$ in. at the apex of the orbit, where it was divided and where it appeared nearly to surround the optic nerve.

All went well, but on April 10 a small mass seemed to be

sprouting at the extreme apex of the orbit, so under novocain and adrenalin a radium point was thrust into this and left for eight hours.

On April 26, a button-shaped prominence could be seen below the sphenoidal fissure.

Six weeks after the first application another radium point was packed on the surface of the elevation for another eight hours.

When seen last the socket was found to be lined with skin except at the apex, and no swelling nor prominence could be detected.

FIG. 1.

Macroscopic appearance. *a*. The growth.

The two posterior sections seen from in front, the three anterior from behind.

There was never at any time any enlargement or tenderness of lymphatic glands or sign of trouble in any other part of the body.

I hope that the growth has now been entirely eliminated and that all will go well. It was strange that although the growth was to the inner side, the proptosis was directly forwards, and that in spite of its large size nothing could be felt externally, and that in spite of the great change in the internal rectus, referred to below, the inward movements of the globe were perfect. Its position was just where it would be least liable to discovery by an exploratory operation of the kind made. I do not think anything more would have been made out had Krönlein's operation been performed.

P.S.—Two days ago the condition of the orbit was the same. Another radium point was applied as before.

FIG. 2.

Low power. Microscopic appearance. The growth can be seen splitting up and absorbing the muscle fibres.

FIG. 3.

High power. Microscopic appearance
a. Muscle fibres.

Report by Dr. W. W. Mackarell, Pathologist to the Leicester Royal Infirmary.

**Specimen of orbital contents received from Mr. Ridley,
March 20, 1923**

The tumour was on the inner side of the orbit occupying the position of the internal rectus muscle and macroscopically confined to the muscle. The muscle appeared much larger than normal.

The whole contents were put into 10 per cent. formalin in normal saline as received, and after twenty-four hours they were frozen and gross serial sections were cut (some of these were shown mounted).

The most posterior section was embedded in paraffin wax, and serial sections were prepared. By this means it was shown that the growth had been cut across at operation, and a portion probably left behind, the first section in the series containing a very small piece of the tumour.

The growth microscopically is a typical small round cell sarcoma. It is seen in the section to be destroying the muscle cells, and later sections show that it is not confined to the muscle, as had at first appeared to be the case, but is surrounding the optic nerve.

The cells of the growth are invading the fibrous sheath of the nerve.

Sections are shown stained by logwood and eosin, and also by van Gieson's stain.

A CASE OF ENDOTHELIOMA OF THE CILIARY BODY

BY

T. HARRISON BUTLER AND ERIC W. ASSINDER

BIRMINGHAM

BIRMINGHAM

Mr. T. H., aged 56 years, came to the Coventry Hospital on June 13, 1921. He complained that the sight of his right eye had been failing for five years. R.V. 2/60; L.V. 6/9 with plus 0.5 6/6. The left eye was normal.

The right showed evidence of past iritis, there were posterior synechiae and the pupil dilated only partially with homatropin. The lens was opaque, and no view could be obtained of the interior. The patient had had gonorrhoea when a young man, but not syphilis. The tension of each eye was normal.

He appeared again on May 29, 1922. The right cataract was now mature, projection of light good, tension in each eye 20 Schiötz units. Arising from the north-west aspect of the