1935.—On a Few Hereditary Eye Affections—Bowman Lecture of the Ophthalmological Society of the United Kingdom.

Trans. Ophthal. Soc. U.K., Vol. LV, pp. 164-245, 1935. Numerous pedigree charts in the text and some photographs of cases of ptosis and epicanthus, with extensive bibliography, and with several Appendices, as in Mr. Nettleship's Bowman Lecture of 1909.

The subject-matter includes choroideremia, atrophía gyrata choroideae et retinae, an unusual pedigree of retinitis pigmentosa, angiomatosis retinae and epicanthus. A very 'meaty' article on the topics dealt with.

1936.—Heredity.

The Eye and its Diseases, edited by Conrad Berens—Philadelphia and London, pp. 321-2, 1936; 3 sample pedigree charts, 2 references.

Some abstracts and reviews, some at least initialled, in the *Ophthal. Rev.*; some work quoted in the Nettleship Bowman Lecture, *Trans. Ophthal. Soc., U.K.*, 1909; and some contributions, partly already published, 48, partly new, 9, pedigrees, in the Treasury of Human Inheritance, Nettleship Volume, Editor, Karl Pearson, i.e. 57 pedigrees by him in the total of 1249 pedigrees, many of which are flimsy sketches compared with his full-dress pedigrees, must be added to the List given, a list which is only as complete as one can make it at the present juncture.

REPORT ON A CASE OF LYMPHOMA OF THE ORBIT

BY

MONTAGUE L. HINE

LONDON

THIS case is recorded because of its rarity, and the very satisfactory result of the treatment advised at a late stage.

The patient, a spinster aged 58 years, was first seen by Mr. Tulloh of Bournemouth in January, 1938. She then had a history of increasing swelling of the left upper lid for two years. In April, 1938, the orbit was X-rayed, with negative result, and in November, 1938, Mr. Tulloh made an exploratory incision into the orbit, finding that the growth extended far back. A portion he removed for examination was reported to be "lipoma," and he

advised a further opinion. This advice she did not, however, take, and she did not report back till early in 1941. Meantime her blood had been examined, and the Wassermann reaction found weakly positive, on which account she had had a course of "injections," which had had no effect on the swelling in the orbit,

FIG 1.

September 29, 1941, before treatment.

which had steadily increased in size, causing some proptosis and downward displacement of the eyeball (Fig. 1).

In July, 1941, Dr. Ross, who then saw her in Mr. Tulloh's absence on War Service, persuaded her to see me, which she did.

I advised complete investigation, and took her into my E.M.S. ophthalmic base at Stanmore for this to be carried out.

There was, at that time, secondary optic atrophy, with vision of bare P.L. only, in the left eye,

X-rays showed infiltration of the frontal sinus and ethmoids.

The Wassermann reaction was reported as "weakly positive," and the cerebro-spinal fluid as "practically normal."

Mr. C. P. Malley, who was the E.N.T. consultant, advised a biopsy, and we removed a small portion of the anterior part of the growth, which in parts was rather cystic in character, under local anaesthesia.

Our sector pathologist, Dr. Dorothy Vaux, reported as under: "The tissue is composed of closely packed cells, resembling lymphocytes without any definite arrangement. Mitoses are very

FIG. 2.

October 28, 1941, after treatment.

few. Numerous blood vessels are present, and there is evidence of scattered small old and recent haemorrhages. Silver impregnation shows a moderate number of reticulin fibrils. The histology is compatible with a diagnosis of simple lymphoma." This opinion was subsequently confirmed by others, though not universally accepted.

Mr. Malley was able to arrange with Dr. Allchin, of the Westminster Hospital, to have her admitted there to get deep X-ray therapy. To Dr. Allchin I am indebted for the two photos taken before and after treatment, and also for details of dosage. He

Fig. 3.

FIG. 4.

writes: " This was a most interesting case, and is the first of its kind which I have seen in my twenty years of practice; its response to irradiation was just what we should have expected.

" After the first week we had to suspend treatment on account of a mechanical breakdown and by this time she had only had a minute dose, yet the tumour was reduced to half its size. She was treated by X-rays at 200KV with two fields: (i) 5 cm. circular directly anterior; (ii) 6 x 8 cm. field laterally. The dose given in each field was 1600 units with a thoraeus filter. The tumour dose in this case cannot have been much above 1500 units, which is very small."

On November 18, 1941, she reported to me before leaving London, and her appearance was as shown in Fig. 2. The optic nerve had been involved for too long to expect any recovery of vision, and this was still as before.

She was seen by Dr. Ross in Boscombe on February 12, 1942, and he reported that " everything seems quite satisfactory. There is still a very slight exophthalmos of the left eye, but it is quite slight; there is no other evidence of any trouble in the orbit and the eye movements are good."

Other suggestions as to the nature of the growth were made, including " chronic inflammatory," which would not so well account for erosion of the bone and invasion of the sinuses, or for magical disappearance under deep ray therapy in small dosage, and " Boeck's Sarcoid," which sometimes disappears spontaneously.

I am grateful to all concerned in the investigation and treatment of this case, and hope that other similar cases will be seen and treated before pressure has produced irrecoverable atrophy of the optic nerve.

SCLERO-KERATITIS FOLLOWING PHOSPHORUS INJURY OF THE EYE

BY

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and

Squadron Leader ALEXANDER G. CROSS, R.A.F.V.R.

A SEARCH of the ophthalmic literature has revealed no record of phosphorus injuries of the eyes. This case is reported because the initial injury is rare and because the long subsequent history,