tion with the electric ophthalmoscope, passed into the elevated retina, avoiding the retinal vessels. Immediately a little blood was seen to ooze out of the puncture, and on giving the needle a quarter turn a larger jet of blood passed out into the vitreous. One also noticed that the needle point did not displace the mass, but penetrated it, and one was conscious of a certain degree of resistance. Had the detachment been due to the presence of fluid one would have expected the retina to yield before the needle, there would have been no sense of resistance, and no haemorrhage would have occurred.

In both of the cases in which the procedure was tried the eye was afterwards excised, and a choroidal sarcoma was found to be present.

While not attempting to minimize the value of other methods of diagnosis in these cases, I would suggest that we have here an additional method which is both simple and reliable.

SARCOMA OF ORBIT*

BY

V. O'HEA-CUSSEN, M.B., B.Ch., B.A.O.

MERCY HOSPITAL, CORK

THE patient was a woman of 40 years of age, the wife of a farm labourer, and of robust appearance.

Up to November 13, 1918, she enjoyed perfect health. Late that evening she experienced severe pain in the right frontal and temporal regions which kept her awake, and which was accompanied by vomiting. During the night she experienced the sensation of something bursting over her forehead, after which all pain subsided. Next morning the eyelids were swollen to a degree which prevented the eye being opened. Her local doctor saw her and sent her to the local hospital, from whence she was sent to Cork on November 17. When I first saw her the following day the eyeball was half protruding between the lids, which were greatly swollen and intensely red. The edges of the lids, the cornea, and the exposed portion of the conjunctiva were gangrenous. Temperature and pulse were normal. Patient complained only of a dull ache. Examination of the nose for sinus disease was negative.

That evening, under general anaesthesia, the orbit was probed for pus in all directions, but none was found. The eye was then enucleated, this only requiring division of the optic nerve and a

* Case shown before the Cork Medical and Surgical Society.

few shreds which were all that remained of the recti muscles, the external canthus having been divided. Very free haemorrhage followed, which was easily controlled by pressure and gauze packing.

On examination of the globe a deep furrow was seen in the sclera just behind the limbus, due to the pressure of the lids. On section a choroidal haemorrhage $\frac{1}{8}$ in. thick was found extending all round. The retina was everywhere in position, and there was no sign of a new growth.

As post-operative treatment, first dry, and later moist dressings were applied to the remaining mass with no effect. The previous soft swelling was gradually replaced by a harder one, and about a fortnight later I took a section of it and sent it to the pathologist who diagnosed it as "spindle-celled sarcoma."

On December 17 a typical exenteration of the orbit was performed, the lids being included. At a suspicious place on the orbital plate of the superior maxilla a portion of bone was removed. Finally, the skin was sutured to the periosteum, and the orbit packed with gauze for a few days, when the latter was replaced by a surface dressing. The orbit was allowed to fill up with granulations, whilst the epithelium grew backwards, and finally covered the surface of the former. The patient was discharged from hospital on February 18, 1919, the process of healing being nearly complete.

From a cosmetic point of view the result is very good.

When communicated with recently the patient was in good health, and there was as yet no sign of a local or general recurrence of the disease.

The extremely short history given by the patient is surprising, and no amount of questioning revealed a longer one. Examination of the exenterated mass gave no clue to the site of origin of the growth, which, I presume, arose from some of the orbital tissues.

PAPILLITIS DUE TO TONSILLITIS: THREE CASES

BY

P. A. HARRY, M.D.,

OPHTHALMIC SURGEON, ROCHDALE INFIRMARY

PYORRHOEA is not an uncommon cause of eye disease, and although this condition is often associated with tonsillitis it is unusual for the latter alone to produce optic neuritis.

The principal features are:—Intensity of the papillitis; completeness with which papillitis cleared up; the unilateral character.