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

anterior chamber there is a solid-looking, tongue-shaped mass. Apparently attached peripherally to the iris it stretched downwards over the iris nearly to the pupil margin. Its base occupied

ENDOTHELIOMA—LOW MAGNIFICATION.

ENDOTHELIOMA—HIGH MAGNIFICATION.

about one-eighth of the corneal margin. The tip of the tumour lay freely upon the surface of the iris. The mass viewed through a lens was seen to be yellowish white in colour streaked with brown pigment which caused it to appear brown to the unaided eye.

Its base was injected. A large artery coursed over the sclera to break up into capillaries upon the base of the tumour. There was little doubt from the appearance of the tumour that it was malignant. Transillumination gave a dark shadow in the region behind the visible growth. A diagnosis of sarcoma of the ciliary body was made and the eye was enucleated.

The eye was examined by Mr. Assinder, pathologist to the Birmingham Eye Hospital, who reported as follows:—

Endothelioma in the region of the ciliary body is of very rare occurrence. Tumours difficult of classification have often been wrongly called endotheliomata, and it is surprising how often, in some laboratories, such a diagnosis is made. I am not prepared to state definitely the exact position at which this growth originated, but it probably arose in the lymphatics in the region of the ciliary body, near the angle, and invaded the iris.

The growth itself is a non-pigmented one, although pigment from the posterior surface of the iris has been incorporated in part of the tumour.

It is composed of large flattened cells, with generally an ill-defined outline, showing numerous vacuoles and comparatively large well-stained nuclei. The newly-formed vascular spaces are everywhere apparent.

According to Kettle and Ross (*Lancet*, May 19, 1921), one of the characteristic features, constantly seen, is the development of the intra-cellular vacuoles, and it is from these vacuoles, increasing in size and running together, that the irregular vascular spaces are formed.

It is probable that the tumour had been growing for some years. The patient had noted the loss of sight for five years. The slight iritis and the cataract were obviously due to the growth, for the left eye showed no trace of iritis or of cataract.

No pain was noted and the tension was never raised above the normal.

PROFESSOR VOGT'S COURSE ON SLIT-LAMP MICROSCOPY

BY

T. HARRISON BUTLER

BIRMINGHAM

ON September 3, 1923, Professor Vogt began his second course on Slit-Lamp Microscopy at the University Eye Clinic at Zürich. The first was held at Basle in September, 1922.

The course extended over a whole week, and was divided into two sections. Every day a lecture was given in the well-appointed