I.—TUMOURS


(1) Wätzold summarized the results of the examination and analysis of the material collected at the University Eye Clinic as follows:

(1) Naevus of the conjunctiva is to be regarded as a purely epithelial new growth that has in most cases a congenital origin. In young persons—up to the age of 30 years—it is generally speaking benign in character, but beyond this age it ought to arouse suspicion of its passing into a malignant form if a more rapid growth with or without subjective symptoms supervenes.

(2) A non-malignant naevus is usually pigmented. Absence of pigment does not alter the diagnosis if the characteristic features are found histologically.

(3) The positions in which these naevi are seen are, in order of frequency, the limbus corneae, the inner canthus (caruncle, plica), and other parts of the conjunctiva.

(4) Microscopically the naevus is characterized by:

(a) Ingrowths of epithelium in the form of columns or cylinders.

(b) The formation of a circumscribed clump of epithelial cells or of cell-nests in the subepithelial connective tissue (or even in the epithelial layer itself) as the result of these ingrowths.

(5) The benign naevus, as seen clinically, is usually quite small (up to the size of a lentil); it forms a more or less raised patch yellowish-brown or brownish-red in colour, with a more or less smooth appearance, firm consistence, and rich blood supply.

(6) Suspicion of commencing malignancy is justified if the following conditions are fulfilled:

(a) The age of the patient is over 30 years.

(b) A more rapid growth of the tumour with or without subjective symptoms sets in.

(c) The individual cells and nuclei assume the greatest possible variety in shape and size, together with a progressive growth no longer spreading laterally but infiltrating the deeper tissues.
(7) It may be taken that a malignant tumour is present if:

(a) A considerable part of the conjunctiva bulbi is involved by the growth.
(b) It invades the conjunctiva tarsi (metastasis by contact or erosion).
(c) The pre-auricular glands are affected.
(d) Signs of iridic irritation are present.
(e) Microscopically the cells exhibit an extreme variety in shape and tumour cells penetrate along the lymph and blood-vessels, or if the picture of basal cell carcinoma is more or less distinct.

(8) Excision of a piece of the naevus is always to be avoided; experience shows that this is a fatal mistake.

(9) In all cases of naevus in persons over 30 years of age it is advisable, even when there are no signs of malignancy, to remove the tumour and as much of the surrounding healthy tissue as possible, with subsequent X-ray treatment.

(10) While in suspicious cases enucleation with free removal of the conjunctiva bulbi and tarsi may seem indicated, exenteration of the orbit accompanied by free removal of the conjunctiva and subconjunctival tissue and any glands involved is necessary in the malignant forms.

(11) Only an epithelial tumour (basal cell carcinoma) can develop from a naevus of the conjunctiva: its cells sometimes are very characteristic, and yet at times through the great variety in their shape they may arouse the suspicion of a mixed-celled sarcoma.

THOS. SNOWBALL.


(2) Redslob points out the extreme rarity of rhabdomyoma of the orbit. He found only three cases in the literature. He reports a case in a girl, aged five years. Proptosis, with slight rotation of the eye downwards and inwards was found with some limitation of movement. A hard swelling could be felt projecting from inside the upper and outer orbital margin and measuring about one centimetre in width. The tumour was removed, as, in the course of fifteen days, the proptosis and the displacement of the eye increased to such an extent that the lids could not be closed.

The tumour was found to include part of the external rectus muscle and the contents of the upper and outer part of the orbit. The tumour was, to some extent adherent near the optic foramen. Six weeks later, a recurrence was found at the upper and inner angle of the orbit. Rapid increase in its size took place. The orbit
was therefore exenterated. Histological examination of the first tumour showed three distinct gradations of cell; the first were of typical structure of a rhabdomyoma, that is, consisting of elongated cylindrical cells with longitudinal striation. No transverse striation was present. The second zone showed an intermediate type of cell, in which there was considerable difference of form. There were muscle cells which were shorter and with less distinct longitudinal striation. Other cells were still shorter and wider, with the nucleus ovoid in shape. The third zone was characterized by the presence of cells that were larger, with rounded or ovoid nuclei, and proportionately much less protoplasm. It bore resemblance to a lymphoma. The other tumour was found to have invaded the orbital fat and muscles, with some destruction of the latter. Its histological structure was that of a round-celled sarcoma. There was no trace of any spindle-shaped cells comparable with those of the original tumour.

Redslob suggests that the extreme rarity of the occurrence of a rhabdomyoma in the orbit may be more apparent than real and that what often appears to be a sarcoma may have been, at an earlier stage, a rhabdomyoma.

HUMPHREY NEAME.

(3) Rollet and Colrat.—Orbital metastases of tumours of the adrenals. (Les métablastoses orbitaires des tumeurs de la surrénale.) Arch. d’Ophthal., October, 1924.

(3) Tumours of the adrenals are sufficiently uncommon to justify the publication of individual examples, especially cases in which metastasis occurs. These tumours are met with at two distinct periods, childhood and adult life. The case recorded by Rollet and Colrat belongs to the latter class. The patient, a male, aged 65 years, came under observation on October 10, 1923, for adenopathy in the right carotid region, of unknown origin. A portion of the growth removed and examined showed the characters of an atypical epithelioma. Radiotherapy was adopted and some diminution in the size of the growth was noted. On February 18 paralysis of the left recurrent nerve developed and shortly afterwards and almost suddenly, left exophthalmos. On palpation a fairly large rather hard tumour was felt at the upper-outer angle of the orbit, and a well-developed collateral circulation was noticed in the eyelids. On March 9 the man died suddenly. The autopsy, performed next day, revealed bilateral tumours of the adrenals, with glandular metastases in the right cervical region. The lungs, liver, brain, and other organs were intact. There was a large metastatic growth in the left orbit with perforation of the orbital wall of the frontal sinus.
The histological characters of the adrenal growth were indicative of a tumour originating in the cortical layers, of the adult type. Histologically the growths in the orbit and the frontal sinus resembled the adrenal growth in all respects. That in the cervical region was noticeably different both in the character of the cells and their arrangement. It also showed extensive necrotic areas. The authors suggest that the dissimilarity of the cervical metastasis should be attributed to the radium treatment to which this growth had been subjected.

The article is illustrated by three photographic reproductions of the patient, the original tumour and the microscopic characters of the orbital metastasis, and contains a fairly long list of references.

J. B. Lawford.

BOOK NOTICES


Both neurologists and ophthalmologists are deeply indebted to Dr. Taylor for collecting and reprinting Hughlings Jackson's "Neurological Fragments." His memoir of the author and the reprinted appreciations of Sir Jonathan Hutchinson and Dr. Mercier, his life-long friends, add much to the human interest of the book. A list of Jackson's writings is appended; it gives a good idea of the extent and variety of his contributions to both neurology and ophthalmology. Dr. Taylor points out that the obscurity of his style of writing, which was said to have repelled many men from a close study of his views, was more apparent than real and necessitated by the revolutionary nature of their implications and the difficulties which surrounded their clear exposition. His anxiety never to overstate his case necessitated extreme care in its presentment.

One of Jackson's earliest appointments in London was that of clinical assistant to Poland, at Moorfields, at a time when the ophthalmoscope had just been introduced. He was one of the first to see the valuable services that the instrument could render to general medicine, and neurology in particular, and always insisted