

which presented all the classical signs of an acute glaucoma. On account of the extreme pain, and as the eye was a sightless one, at the same time anticipating an intra-ocular neoplasm, I removed the eye. After removal, there was no evidence of extra-ocular extension, and when the globe was sectioned a dark coloured tumour of about the size of a small filbert was seen adherent to the choroid. Its position was upwards and to the temporal side, about 5 mm. from the optic disc.

The pathologist, to whom I sent the specimen, informed me that the tumour was a melano-sarcoma, but gave me no particulars in regard to its microscopic appearances. As the material had been misplaced or gone astray, he was unable to furnish me with further particulars, a fact which I regret, and one which associates an element of incompleteness to the report of this case. The patient was never seen by me after he left the hospital, and I only recently learned that he died one year following his operation from malignant disease of the liver, no doubt a metastasis of the original tumour.

*Case II.*—S. K., female, aged 81, consulted me for the first time in March, 1910, complaining of severe pain in the left eye. She stated that three years previous she noticed for a few minutes all objects appeared red. This was followed in a few hours by redness of the globe, swelling of the lids and pulsating pain in the eyeball. No treatment was adopted, and the pain and swelling subsided in three days. She then noticed that her vision was less than before this attack, but she was still able to use her eye for reading. The eye of the opposite side had been blind for several years as the result of an injury. During the following three years the patient experienced five or six attacks similar to the one I have just described, each lasting for about three days; but in the interval between the attacks the eye was absolutely free from pain. Vision, was, however, diminishing, and for the past twelve months she had been unable to read. On examining the eye for the first time, the lids were very edematous, with chemosis of the conjunctiva and injection of the cornea. The pupil was moderately contracted and fixed. The anterior chamber was rather deep, no view of the fundus could be obtained, due to a cataractous lens, light perception was absent, and tension was + 2. An enucleation was performed the following day, when no adhesions of the globe to the structures in or about the orbit could be determined. At the posterior pole of the eye the sclera was very thin, and a mass could be distinctly felt through it. On sectioning the globe the lens was seen to be opaque, and the retina was practically completely detached, being fixed only at the optic disc. Springing from the choroid, which was not detached, was a rather soft, pale