

the greater circular artery, is an elevated ridge of iris tissue which almost touches the posterior surface of the cornea. The ascent of this prominence from the direction angle of the anterior chamber is gradual, but on the side towards the pupil it terminates precipitously. Its summit is covered for some distance by a fine vascular mesh work. V. = no pl., T. n., no fundus reflex.

Microscopical examination shows the conditions as above, but one sees also thinning, discoloration and moderate bulging of the sclerotic in the equatorial region outwards and upwards.

Section shows the anterior chamber filled with whitish lens-like substance which made its appearance during the hardening in formalin. Immediately in front of the iris is a thin rubbery layer of tissue continuous through the pupil, with an exudate of a similar consistence between the posterior surface of the iris and the anterior lens capsule, and in and about the posterior chamber.

Immediately in front of the entrance of the optic nerve and occupying about a third of the vitreous chamber is a large pigmented growth, springing apparently from the choroid coat. The retina on either side is extensively detached and pushed towards the posterior surface of the lens. The large, subretinal space on either side of the tumour is occupied by a reddish, jelly-like exudate. The optic nerve almost in its entirety had been left behind in the orbit. The sclerotic is much attenuated in the position of the staphyloma.

Microscopically, the picture is that of a sarcomatous growth of the choroid complicated by a most intense inflammation of the iris and ciliary body. The tumour is seen to spring clearly from the choroid, which is thickened and infiltrated by the sarcomatous cells for some distance on either side of the growth.

The sarcoma is composed for the most part of spindle-shaped cells which have a distinct fascicular, in places almost alveolar, arrangement. Numerous pigment accumulations are seen here and there throughout the tumour, especially in its peripheral parts, and the growth is rich in large, irregular blood vessels.

The whole anterior segment of the eye, but especially the iris and ciliary body, show a most intense small-round-celled infiltration. The anterior chamber is filled by a yellowish, clear exudate in which are seen everywhere fine, delicate, interlacing fibrils. Dense masses of leucocytes have been thrown out along the anterior and posterior surfaces of the iris into the posterior chamber and around the whole of the periphery of the lens. Elsewhere along the anterior margin of the retina and between it and the processes of the ciliary body, a fine fibrin-