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SARCOMA OF THE UVEAL TRACT,

WITH

NOTES OF ONE HUNDRED AND THREE CASES.

BY

J. B. LAWFORD,

Assistant Surgeon to the Hospital,

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Curator of the Museum.

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WE have tabulated in this paper 103 cases of undoubted sarcoma of the uveal tract. The patients were, with few exceptions, treated in Moorfields Hospital, and the examination of all the specimens was conducted in the hospital laboratory by the Curator for the time being. A considerable number included in our list have been already published in the Ophthalmic Hospital Reports by Messrs. Nettleship, Brailey, Milles, and the writers; in all such instances a reference to the volume and page is given in the last column of the tables.

Our chief object has been to obtain evidence regarding the important question of prognosis in this affection. It seemed not improbable that the figures furnished by an analysis of a number of unselected cases at one hospital would be more accurate than those obtained by collecting and analysing a large number from various sources. The fact that considerable differences exist in already published statistics tends to support this view.

In endeavouring to trace the after-history of patients we have on several occasions received material help from

medical men, to whom we desire to express our thanks. To the following gentlemen we are especially indebted: Messrs. Tweedy, Brailey, Reginald Clarke, E. W. Goodall, Groome (Stowmarket), Hodges (Leicester), Howlett (Hull), and Price (Reading),

The ultimate result in a certain number of the cases was ascertained by reference to the death register at Somerset House.

Under the following headings are given the figures obtained by analysis of the tables, and generally a comparison with those reported by previous writers:—

Sex of Patients.

Of the total number, 103, there were:—males, 59 or 57·28 per cent.; females, 44 or 42·71 per cent.

The slight preponderance of males corresponds fairly closely with that in the much larger number of cases collected from various sources and published by Fuchs; his figures are (of 259 cases), 137 males; 116 females; 6, sex not specified. His percentages are (in 253 cases), males, 54·15 per cent.; females, 45·84 per cent.

Although the proportion of cases in the two sexes varies somewhat in different records, we have only met with one in which the percentage was higher among females. In this paper, by Martin, 43 cases are reported, of which 29 occurred in women.

In the collected cases of primary sarcoma of the iris, on the other hand, the percentage has been larger in the female sex. In Pflüger's 23 cases there were 15 females, 8 males. In 18 cases collected by Treacher Collins 10 were females, 7 males, and in 1 the sex was not stated.

In the 6 cases of ciliary body tumours included in our list, the proportion is equal in the two sexes. Of 17 cases published by Mules (in which are included three of the cases in our tables) 14 were females, 3 males.

Age of Patients.

The average age of all our cases is 48.42 years. The youngest was a girl *æt.* 15 (Case 72 in tables), the oldest a man *æt.* 84 (Case 29).

Fuchs' average was 44.2. Freudenthal's, 49.4.

When arranged in decades we find the largest number occurring between 40 and 50 years of age.

Between 10 and 20 years, there were—	Males, 0.	Females, 3.	Total, 3.
" 20 and 30 " " "	3.	4.	7.
" 30 and 40 " " "	8.	11.	19.
" 40 and 50 " " "	17.	10.	27.
" 50 and 60 " " "	11.	11.	22.
" 60 and 70 " " "	13.	3.	16.
" 70 and 80 " " "	6.	2.	8.
" 80 and 90 " " "	1.	0.	1.
	59.	44.	103.

Eye affected.

Right eye, 41; left eye, 60; not stated, 2; total, 103.

Fuchs' figures are, right eye, 108; left eye, 101; both eyes, 5; not stated, 45; total, 259.

Martin gives, right eye, 15; left eye, 19; not stated, 9; total, 43.

Freudenthal found, right eye, 10; left eye, 14; total, 24.

Tension at the time of Operation.

T. noted as normal	in 22 cases.
" " increased	in 57 "
" " diminished	in 7 "
" not noted	in 17 "
	—————
Total ...	103
	—————

Of the 17 in which there was no note of tension 13 were cases with extra-ocular growths.

If the cases with normal and diminished tension be

added together and compared with those with increased tension, it is found that (of those which have been traced) 34 per cent. of the former group are dead and 50 per cent. of the latter.

If to the cases with increased tension we add those in which tension was not noted because of extra-ocular growth, we find that (of the traced cases) 58·19 per cent. are dead.

In 21 cases in which metastasis occurred, ocular tension at the time of excision was increased in 13, normal in 3, diminished in 1, and not noted in 4, in 3 of which the tumour had perforated the ocular tunics.

In 24 cases Freudenthal found tension increased in 15, normal in 8, diminished in 1.

Operation.

In 85 cases enucleation.

„ 5	„	„	with removal of orbital contents.
„ 7	„	„	was performed, and chloride of zinc paste applied.
„ 4	„	„	and subsequent removal of a recurrent growth.
„ 1 case	„	„	and resection of the optic nerve.

Total 103 cases

Site of Growth.

In 6 of the 103 cases (Nos. 10, 24, 65, 68, 74, 96) the ciliary body was, as far as could be ascertained, the primary seat of the new growth.

In 2 cases (Nos. 26 and 72) the choroid and ciliary body were involved, and in one case (No. 73) the growth originated in the iris.

In the remaining cases, 94 in number, the tumour started in the choroid posterior to the ciliary body.

Martin, in 43 cases, classifies 38 as tumours of choroid, 4 as tumours of ciliary body, 1 as tumour of iris.

Fuchs, in 259 collected cases, gives sarcoma of iris, 16; sarcoma of ciliary body, 22; sarcoma of choroid, 221.

In 21 cases (Nos. 2, 3, 5, 6, 8, 9, 11, 15, 31, 34, 40, 47, 62, 63, 64, 66, 67, 83, 88, 90, 95) the tumour had extended through the sclerotic, and extra-ocular nodules or masses of sarcomatous growth were either evident before, or discovered at the operation. In No. 48 a small nodule was found on the outer surface of the sclera; its nature, whether inflammatory or sarcomatous, was undetermined.

In 23 cases (Nos. 2, 5, 6, 8, 9, 21, 29, 31, 37, 46, 49, 56, 61, 63, 64, 66, 69, 83, 90, 93, 95, 99, 103) the tumour had invaded the optic nerve from the choroid; this was sometimes evident only upon microscopic examination. In 17 cases no note was made as to the condition of the nerve, and in the 63 remaining cases the nerve was not involved. Of the 23 cases in which the tumour had extended to the nerve, death has occurred in 14, 6 are still alive, and 3 are untraced.

Nature of Tumour.

There appeared, from analysis, to be no constant relation between the shape and arrangement of the tumour cells, and the subsequent history of the case. Of 21 cases in which death resulted from metastasis, the tumour cells were spindle-shaped in 8, oval in 1, round in 5, mixed in 5, not noted in 2.

In all these cases (except one in which there is no note) the tumours were more or less pigmented.

After-history and Prognosis.

Of the total number of cases, 79 have been traced; of these 39 or 49.36 per cent. are alive; 40 or 50.63 per cent. are dead; in 24 cases the after-history was not obtainable.

Of the 39 living patients:—

1 (No. 10)	has lived 18	years since the operation.		
2 (Nos. 12 and 17)	have	16	''	''
1 (No. 35)	has	$9\frac{1}{4}$	''	''
1 (No. 37)	''	$8\frac{1}{2}$	''	''
1 (No. 47)	''	$6\frac{10}{12}$	''	''
1 (No. 52)	''	$5\frac{5}{12}$	''	''
1 (No. 54)	''	5	''	''
1 (No. 58)	''	$4\frac{1}{2}$	''	''
1 (No. 60)	''	$4\frac{8}{12}$	''	''
1 (No. 61)	''	$4\frac{1}{12}$	''	''
3 (Nos. 62, 64, 67)	have	4	''	''
1 (No. 71)	has	$3\frac{4}{12}$	''	''
2 (Nos. 73, 75)	have	$3\frac{1}{2}$	''	''
1 (No. 74)	has	$3\frac{2}{12}$	''	''
2 (Nos. 76, 77)	have	3	''	''
1 (No. 79)	has	$2\frac{11}{12}$	''	''
1 (No. 81)	''	$2\frac{10}{12}$	''	''
1 (No. 84)	''	$2\frac{8}{12}$	''	''
1 (No. 85)	''	$2\frac{3}{12}$	''	''
1 (No. 86)	''	$2\frac{1}{12}$	''	''
2 (Nos. 87, 88)	have	2	''	''
1 (No. 89)	has	$1\frac{10}{12}$	''	''
1 (No. 92)	''	$1\frac{3}{12}$	''	''
1 (No. 93)	''	$1\frac{1}{2}$	''	''
1 (No. 94)	''	$1\frac{5}{12}$	''	''
1 (No. 95)	''	$1\frac{2}{12}$	''	''
1 (No. 96)	''	$14\frac{1}{2}$ months	''	''
1 (No. 97)	''	10	''	''
1 (No. 98)	''	9	''	''
3 (Nos. 99, 100, 102)	have	8	''	''
1 (No. 102)	has	7	''	''

We thus have 20 cases in which an interval of three or more years has elapsed since the removal of the primary growth, and the patients are still alive. These 20 cases may be considered with great probability, but not with certainty, as permanent cures; and out of the 79 cases in

which the after-history is known gives a *percentage of recoveries of 25·31*.

This is a much higher average than that of Fuchs (which was 6 per cent.), but lower than those given by Hirschberg (38 per cent.) and Freudenthal (37·5 per cent.).

It should be borne in mind that the lapse of three years after operation, without signs of metastatic or recurrent growth does not mean that the patient is quite safe; for although in the majority of our fatal cases (25 out of 40) death ensued within three years, in several a much longer interval passed and yet eventually the patient succumbed to metastatic tumours.

Of the 40 who are known to be dead:—

- 2 (Nos. 15 and 40) died within a few hours of the operation from hæmorrhage and shock.
- 10 (Nos. 8, 9, 11, 29, 34, 49, 66, 82, 90, 103) died during the first year after operation.
- 9 (Nos. 2, 6, 13, 18, 36, 44, 53, 59, 80) died in the second year.
- 4 (Nos. 31, 48, 55, 69) died in the third year.
- 5 (Nos. 4, 43, 51, 57, 78) died in the fourth year.
- 3 (Nos. 25, 28, 46) died in the fifth year.
- 1 (No. 42) died in the sixth year.
- 2 (Nos. 32, 45) died in the seventh year.
- 1 (No. 21) died in the eighth year.
- 1 (No. 1) „ „ ninth „
- 1 (No. 5) „ „ tenth „
- 1 (No. 3) „ „ eleventh year.

Cause of Death.

Under this heading we can but give the information obtained from medical men, relatives of patients, and the register of deaths at Somerset House. We fully recognise the possibility of error both in the reports sent to us, and in the death certificates in the register.

In 26 cases (Nos. 2, 4, 8, 9, 11, 13, 18, 21, 29, 31, 32, 34, 36, 44, 45, 48, 49, 53, 55, 57, 59, 66, 69, 78, 80, 103) or

32.9 per cent. of the 79 cases traced, death was almost certainly due to metastatic or recurrent growth; of these 26, the liver was known to be affected in 16. *The average duration of life after operation in these 26 cases was two years and four months; accurately, 28.5 months.*

In 2 cases (Nos. 32 and 21) the interval between the operation and death was seven and eight years respectively; the shortest interval (Nos. 29, 34) was six months.

In several of the remaining 14 fatal cases, death was very probably caused by metastatic growth; we have not, however, considered the evidence sufficiently good to group them with the 26 cases mentioned above.

The alleged cause of death in these 14 cases is as follows:—

No. 1, "Bronchitis."

No. 3, "Cancer of Stomach," $10\frac{1}{2}$ years after removal of eye.

No. 5, "Cirrhosis," 10 years after removal of eye.

No. 6, "Inflammation of Lungs and Diarrhoea," 2 years after removal of eye.

No. 25, "Phthisis," $4\frac{1}{4}$ years after removal of eye.

No. 28, "Cramp of heart."

No. 43, "Bronchitis and cardiac failure."

No. 49, "Paraplegia" (? metastatic growth in vertebral column).

No. 82, "Irritation of Brain" (? intracranial growth), 7 months after removal of eye.

No. 90, "Disease of Uterus" (? metastatic growth), 5 months after removal of eye.

No. 42, Died suddenly, cause unknown.

No. 51, "Phthisis," $3\frac{2}{12}$ years after removal of eye.

Nos. 15 and 40, died (as already mentioned) a few hours after the operation.

Fuchs found that $18\frac{1}{2}$ per cent. of his collected cases suffered from metastasis, but he adds that this percentage is probably too low; in 22 patients who had been under his own observation, he was able to trace 17, and of this

number 11 died from metastatic growths, and in 2 others death was probably, but not certainly, due to this cause.

Hirschberg gives the percentage of metastasis in his 13 cases as certainly 38 per cent., and probably higher.

Local Recurrence.

In 7 (8.86 per cent.) of the 79 cases which were traceable, the growth recurred locally, *i.e.*, in the orbit. The interval between the primary operation and the date at which recurrence was diagnosed, varied from a few weeks to three years. The cases are as follows:—

No. 9,	recurrence took place “rapidly,”	less than 11 months.
No. 11,	interval	6 weeks.
No. 18,	„	7 months.
No. 29,	„	2 „
No. 48,	„	5 „
No. 66,	„	less than 2 months.
No. 67,	„	3 years.

Of these all but No. 67 are dead. This patient was alive twelve months after the removal of the recurrent growth. Of the other 6, the recurrent growth was removed by operation in 3 cases (Nos. 18, 48, 66), in No. 48 on three separate occasions. In three (Nos. 11, 18, 29) metastatic growths occurred, and in one (No. 66) it is probable, though not certain, that the liver was the seat of a secondary growth. In the remaining 2 cases (Nos. 9 and 48) there was no evidence of metastasis; death was attributable to exhaustion consequent upon the local disease.

It is worth noting that in 4 (Nos. 9, 11, 66, 67, and doubtfully in No. 48) of the above 7 cases, in which local recurrence took place, the sarcoma had perforated the sclera and formed nodules on its external surface; in 3 (Nos. 9, 29, and 66) the optic nerve was invaded by the growth.

Fuchs found that local recurrence was noted in 31 of 235 cases, a proportion of 13 per cent. In 18 of these the

recurrent growth appeared within the first twelve months after removal of the primary tumour, and according to this author the danger of local recurrence is greatest in the first half year after excision of the eyeball.

He gives one case (taken from Sichel) in which nine years elapsed between the removal of the primary growth and the recurrence.

Freudenthal records in his 24 cases, 25 per cent. of local recurrences. The longest interval was ten years; in half of the total number the return of the tumour occurred in the six months following the primary operation.

History of previous Disease or Injury of the Eye.

In 6 cases (Nos. 6, 8, 15, 62, 63, 83) the tumour occurred in eyes blind from other causes, and often shrunken. In No. 63 the eye had been blind for 18 years; in No. 83, for 16 years; in No. 6, for 13 years; in No. 8, for 12 years; in No. 62, for 7 years; and in No. 15, for 4 years. In Nos. 62 and 63 the eye had been liable to frequent recurrent inflammatory attacks.

In 5 cases (Nos. 10, 23, 67, 71, 84) a history of injury to the eye was obtained.

In Case 10 a perforating wound was inflicted with a sharp stick eighteen months before the eye was removed. The wound was in the ciliary region and the tumour grew at the site of the scar. In the remaining 4 cases the injury was not a perforating wound; in Case 23 it occurred 10 months; in Case 67, 7 months; in Case 71, 12 months; and in Case 84, 3 years, before the eye was removed.

If we add to these, Nos. 8 and 83, in which the eye was shrunken, but had been wounded, we have a total of 7 cases, 6.79 per cent., with a definite history of injury.

Family History.

The information as to family history is meagre, and necessarily somewhat unreliable; the patient being in most cases the only available source of information.

In 50 of our cases the family history was negative. In 38 no notes on this point had been made. In 14 cases a history of "tumours" in near relatives was obtained, and in some this history was very strong.

Two of our cases (Nos. 2 and 99) were mother and daughter. The patient (No. 2) *æt.* 38, had lost the sight three years before, and had her eye removed one year after, the birth of her seventh child; this child was the patient No. 99. In No. 99 the symptoms came on, and the eye was removed during her first pregnancy. The two tumours were very similar in character and position, and in both patients the left eye was the seat of the sarcoma.

 POSTSCRIPT.

Dr. Hill Griffith ("Ophthalmic Review," December, 1891) gives the average age of his fatal cases as 52·1 years, and that of his recoveries as 38·3. In our 26 cases of death from metastatic and recurrent growth, the average age was 55·1; in 19 cases of recovery (excluding the sarcoma of iris, Case No. 73) the average age was 44·16.

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1. No. of case and <i>Reg. No.</i>	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
1 94	John M.	L	62	Black speck noticed on sclerotic, 10 months	—	Enucleation	9 years
2 66	Martha G.	L	38	Blind, 4 years. Protrusion, 1 year	Less than 1 year	Removal of eyeball. Partial exenteration of orbit	About 17 months
3 134	Thos. T.	R	45	Eye protruding, 12 months. Blind, 6 weeks	—	Removal of eyeball and extra-ocular tumour, chloride of zinc paste applied	10½ years
4 124	John A.	R	45	Failure of sight, 5 years. Choroiditis and retinal detachment 1 year later. Blind 6 months	3¼ years	Enucleation	4 years

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
<p>Black tumour growing by wide base from choroid, nearly filling outer half of globe; cells mainly spindle-shaped, but round and oval cells present. Black patches in sclerotic and sub-conjunctival tissue beneath base of tumour</p>	<p>“ Rather diminished ”</p>	<p>—</p>	<p>Negative</p>	<p>Reported in O. H. R., vol. vii, p. 385, and vol. ix, p. 41. Death from “ Bronchitis.”</p>
<p>Large broad based pigmented tumour in upper part of globe, which had perforated the sclera and formed a mass beside the optic nerve as large as a filbert. The cells of the tumour were spindle-shaped. Optic nerve invaded by tumour</p>	<p>—</p>	<p>Liver and glands of groins and axillæ and skin of abdomen</p>	<p>One sister died æt. 40 of “tumours” of breast, with probable multiple secondary growths</p>	<p>Reported in O. H. R., vol. vii, p. 389, and vol. ix, p. 42. This patient was the mother of Case 99 in these tables.</p>
<p>Black spindle celled tumour beginning in the outermost layers of the choroid, near the posterior pole, and extending through the sclera to form a large mass in the orbit. The optic nerve was not invaded</p>	<p>—</p>	<p>—</p>	<p>Paternal uncle died of “cancer of nose” æt. 79. Paternal aunt died æt. 34 of “consumption”; she had a tumour of breast</p>	<p>Wife states that the cause of death was “Cancer of Stomach.” Patient was ill for ten months before death. Reported in O. H. R., vol. vii, p. 611; vol. ix, p. 43.</p>
<p>Irregularly pigmented tumour at lower part of globe, with a very wide base. Retina detached in umbrella form. O.N. not involved. Growth composed of spindle cells</p>	<p>+ T. 3.</p>	<p>R. Scapula. Dorsal Vertebrae</p>	<p>Unknown</p>	<p>Reported in O. H. R., vol. vii, p. 613. Post-mortem report in O. H. R., vol. ix, p. 43.</p>

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
5 169	Geo. A.	L	50	Failure of sight began 5 years before, and progressed to blindness in 12 months	—	Removal of eyeball, chloride of zinc paste applied	10 years
6 185	Mr. C.	R	78	Eye blind and shrunken for 13 years. Protrusion of eyeball noticed only 3 weeks	—	Enucleation. Partial exen- teration of orbit!	2 years
7 88	Wm. A.	L	54	—	—	Enucleation	Unknown

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Slate - coloured soft tumour of choroid, nearly filling globe; base at lower and outer part; mass protruding through perforation in cornea; optic nerve invaded by new growth. Cells elongated and of varying shape. Much pigment in masses throughout the tumour	—	—	Negative	Reported in O. H. R., vol. vii, p. 615; vol. ix, p. 44. Cause of death registered, "Cirrhosis."
Mass of growth filled shrunken eyeball and extended posteriorly around O.N. about 15 mm. Growth composed of large spindle cells, and was quite devoid of pigment, but contained some blood extravasations. O.N. surrounded and invaded by growth	—	—	Female cousin suffering from tumour behind jaw, thought to be "cancerous"	Death reported to have been caused by "Inflammation of lungs and diarrhœa." Reported in O. H. R., vol. vii, p. 616; vol. ix, p. 44.
Soft choroidal tumour "as large as a cherry," with wide base. Retina detached; growth consisted of spindle and oval cells, unpigmented; blood extravasations in growth. No note of involvement of O.N.	T. had been high	—	Unknown	Reported in O. H. R., vol. vii, p. 618. Further history unobtainable.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
8 137	Wm. F.	L	69	Blind for 12 years. Painful and prominent for 4 or 5 months	—	Removal of eyeball and tumour " <i>en masse</i> "	8 months
9 157	Emily B.	L	53	Failure 5 years before. Eye became blind in 1 year. "Glaucoma" noted 3 years before. Eyeball afterwards shrank. Painful 9 months. Prominent 1 month	"Rapidly recurred"	Enucleation, chloride of zinc paste applied	11 months
10 278	Lavinia B.	R	18	Failure of sight after perforating wound 18 months before. Painful, 2 weeks	—	Enucleation	Alive

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
<p>Eyeball shrunken, it contained growth springing apparently from the choroid near the O.D., and extending chiefly backwards to form a large irregular nodule on the posterior surface of the sclera surrounding the O.N. Tumour consisted chiefly of spindle or oat-shaped cells. It contained but little pigment. O.N. deeply invaded by growth</p>	<p>—</p>	<p>Liver, according to physical signs. No post-mortem examination</p>	<p>Negative</p>	<p>Reported in O. H. R., vol. vii, p. 277; vol. ix, p. 45.</p>
<p>Eyeball filled by melanotic tumour, which extended through sclera posteriorly and destroyed O.N. behind point of section. Tumour composed of oval, spindle, and round cells, all of large size</p>	<p>—</p>	<p>Orbit spreading to forehead and to the chin</p>	<p>Sister died of large tumour in stomach. Paternal aunt died of "cancer of breast" æt. 50. Female first cousin died of "cancer of breast"</p>	<p>Reported in O. H. R., vol. ix, p. 45.</p>
<p>At upper outer part, round dark tumour attached to ciliary body by wide base. Tumour consisted of fusiform and spindle cells, scanty dark brown pigment in the cells and in separate masses. Numerous large blood channels. The tumour corresponded to seat of original injury</p>	<p>+ T.</p>	<p>—</p>	<p>Unknown</p>	<p>Reported in O. H. R., vol. viii, p. 264; vol. ix, p. 46. Alive and well, January, 1891, eighteen years after operation. History of injury by a sharp stick, damaging the sight, eighteen months previously.</p>

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11 60	Ellen M.	L	62	Failure with pain to blindness in several weeks, 2½ years before. Eyeball displaced 3 months	6 weeks	Enucleation, followed by application of chloride of zinc paste	7 months
12 438	Jemima P.	R	63	Sight, "dim," 2 years. P.l. only, 1 month	—	Enucleation	Alive
13 541	Matthew H.	L	36	Defect of sight, 12 months. Constant pain 5 weeks, V. reduced to shadows 2 weeks	—	Enucleation	2 years
14 547	Emma M.	R	57	"Black spots" before eye, 12 months. Dulness of sight, 8 months. Pain, 5 days. Eye blind for some weeks	—	Enucleation	Unknown

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
Eyeball filled by melanotic growth, which had perforated the sclera above. Large mass of growth in orbit. Tumour cells spindle-shaped. All coats of eye, except sclerotic, replaced by new growth	—	Orbit, and all thoracic and abdominal organs except spleen. R. 7th rib and rectus abdominis muscle. Brain unaffected	Negative	Reported in O. H. R., vol. ix, p. 48. Pathol. Soc. Trans., 1871-72, p. 251.
Tumour arising from choroid at inner and posterior part, and filling nearly $\frac{2}{3}$ of vitreous chamber. Chiefly composed of round cells, and contained very little pigment.	T.n.	—	Negative	Reported in O. H. R., vol. viii, p. 298. Alive and well, January, 1891, sixteen years after the operation.
Pigmented tumour growing from lower part of choroid and nearly filling eyeball. Microscopically a round-celled growth very vascular and with but little intercellular material. O.N. not involved	—	"Head and body"	Negative	Reported in O. H. R., vol. viii, p. 299.
Small tumour at upper part of globe, variously pigmented in different parts. Cells round and oval. Numerous large vascular channels in the growth. O.N. not involved	T. "Much increased"	—	Negative	Reported in O. H. R., vol. viii, p. 301. Further history unobtainable.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
15 544	Samuel C.	R	43	Sight failed to complete blindness in 6 weeks, 4 years previously, pain and swelling 6 months	—	Removal of globe and partially of contents of orbit	"A few days"
16 450	Fanny Y.	L	61	Sight failing 3 years. Detached retina, 1 year. Pain, 2 weeks before operation	—	Enucleation	Unknown
17 560	Mrs. D.	L	59	Symptoms began 5 or 6 months previously. Ophth. evidence, 3 months. Pain, 2 weeks	—	Enucleation	Alive
18 581 and 711	Jacob C.	R	48	"Pain and inflammation," 7 months; blind, 3 months	7 months	(1) Enucleation (2) Removal of recurrent growth	2 years

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
Globe slightly shrunken, completely filled by moderately pigmented growth, which extended backwards filling orbit. It was not entirely removed by operation. The cells of the tumour are caudate, and inside the globe only contained a little granular pigment	—	—	Father and two brothers of patient died of phthisis	Reported in O. H. R., vol. viii, p. 305. Died from exhaustion consequent upon repeated hæmorrhage from orbit.
Pedunculated choroidal tumour size of small bean; base extends from near O.D. outwards nearly to the equator. Cells, round and oval, generally unpigmented, the growth does not involve O.N.	“Eyeball glaucomatous”	—	Negative as regards tumours	Reported in O. H. R., vol. viii, p. 307. Further history unobtainable.
Tumour growing from choroid above O.D. Three lobes—large detachment of retina. Oblong cells, very slightly pigmented	+ T. 2	—	Unknown	Reported in O. H. R., vol. viii, p. 541. Reported alive and well in June, 1891, 16 years after operation.
Tumour reaches from O.D. nearly to ciliary processes. Encroaches on O.D., but no tumour cells in nerve. Surface grey. Cells mostly fusiform, not much pigment	“Tension increased”	Right orbit. Removed 8 months after excision of eyeball	Tumour of breast in one sister removed, and no recurrence in 8 years	Reported in O. H. R., vol. ix, p. 72. Death from “cancer of liver.”

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
19 26a	Female	—	37	Three years	—	Enucleation	Unknown
20 121	Lucinia G.	L	29	Failure, 2 years. Pain, 6 days	—	Enucleation	Unknown
21 225	Chas. T.	L	28	Dimness, 7 months. Pain, 3 months. Ulcer of cornea, 2 weeks later	—	Enucleation	8 years
22 293	Emma T.	R	42	Sight failing, 3 years. No pain	—	Enucleation	Unknown

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Choroidal tumour on outer side eyeball from ciliary body to O.D. Cells oval and unpigmented. Pigment contained in larger cells. Some areas of degeneration in the tumour. Excess of nuclei in O.N.	"Tension increased"	—	No note	Reported in O. H. R., vol. x, p. 240. Further history unobtainable.
Tumour of choroid on temporal side, broad base, narrow neck, and large head. Its base reaches from close to O.D. nearly to ora serrata. Cells are small and round	+ T.	—	No note	Reported in O. H. R., vol. x, p. 239. No recurrence 17 months after operation. Further history unobtainable.
Tumour at inner equatorial part of choroid, size of pea. Cells generally oval, and contain in outer part of tumour much pigment in fine granules. Excess of staining cells in the O.N. very like unpigmented cells in tumour	- T.	"The brain"	Negative	Reported in O. H. R., vol. x, p. 245. Death reported by sister, "Tumour on the brain."
Round, firm, slightly lobulated tumour of choroid at posterior part, overhanging O.D. central part mottled with pigment. Spindle cells, numerous blood vessels, not much pigment	- T.	—	Negative	Reported in O. H. R., vol. x, p. 232. Further history unobtainable.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
23 367	Clara W.	L	23	Sight dim, 8 months. Eye painful, 6 weeks	—	Enucleation	Unknown
24 375	Annie C.	L	19	Sight defec- tive, 9 months; occasional pain	—	Enucleation	Unknown
25 419	George B.	L	49	Pain, 2 years. No p.l. at operation	—	Enucleation	4½ years
26 470	Henry D.	L	37	Defect known, 6 months. Pain, 1 month. Blind, 1 month	—	Enucleation	Unknown
27 497	George W.	R	43	Severe pain, 9 weeks. Eye found to be blind then	—	Enucleation	Unknown

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
<p>Tumour lower inner quadrant from equator to O.D. Smooth, slightly pigmented, numerous large blood vessels. Cells fusiform. O.N. inflamed, but probably not invaded by growth</p>	<p>+ T. 1</p>	<p>—</p>	<p>Negative</p>	<p>Reported in O. H. R., vol. x, p. 242. Doubtful history of blow by ericket ball 10 months before she came to hospital. Further history unobtainable.</p>
<p>Large rounded, darkly-pigmented tumour springing from ciliary body. Cells generally large and polygonal, containing much pigment. Large thin-walled capillaries.</p>	<p>T. n.</p>	<p>—</p>	<p>A grand-aunt of patient died of "tumour," no other history</p>	<p>Reported in O. H. R., vol. x, p. 234. No recurrence 11 months after operation. Further history unobtainable.</p>
<p>Tumour of choroid on temporal side overhanging O.D. and reaching in front of the equator. Fusiform cells. Thin-walled vessels. O.N. shows increased nucleation; but cells probably inflammatory</p>	<p>Tension increased</p>	<p>—</p>	<p>No notes</p>	<p>Reported in O. H. R., vol. x, p. 241. 18 months after operation there was no recurrence. Death reported 4¼ years after operation from "phthisis."</p>
<p>Tumour of choroid and ciliary body on inner side. Cells, round, small, and unpigmented; others large and densely pigmented. Numerous thin-walled vessels. O.N. increase of nuclei, no pigmented cells</p>	<p>+ T.</p>	<p>—</p>	<p>Negative</p>	<p>Reported in O. H. R., vol. x, p. 237. Further history unobtainable.</p>
<p>Growth at lower part, extending from ciliary body to O.D. Cells small, round, or oval. Pigmentation irregular. Numerous thin-walled vessels</p>	<p>T. "much diminished"</p>	<p>—</p>	<p>No notes</p>	<p>Reported in O. H. R., vol. x, p. 243. Further history unobtainable.</p>

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
28 580	James L.	L	52	Dimness, 17 months. Detachment of retina known 13 months	—	Enucleation	4½ years
29 612	Mr. B.	R	84	Loss of portion of field, 13 weeks. Pain, 3 weeks	2 months	Enucleation	6 months
30 616	Robert S.	L	44	Failure, 27 months. Detached retina diagnosed, 14 months. Pain, 1 week	—	Enucleation	Unknown
31 622	Lewis S.	L	60	Failure, 10 years. Blind, 5 years	—	Enucleation	2½ years
32 696	Mary A. P.	L	49	Detached retina and bare p.l., 11 months. No p.l., 6 months. Pain, 2 months	6½ years.	Enucleation	7 years

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
Globe half filled by tumour growing from choroid. Cells spindle-shaped, with scattered pigment bodies among them. Slight inflammation of O.N.	T. "slightly diminished"	—	No notes	Reported in O. H. R., vol. x, p. 231. No recurrence 3 months later. Died 4½ years after operation, of "spasm or cramp of heart."
Tumour of choroid on outer side of eyeball; cells mostly round with large nuclei. Blood vessels not numerous. Scarcely any pigment. O.N. invaded up to cut surface	+ T. 3.	Orbit, liver.	No notes	Reported in O. H. R., vol. x, p. 235. Death from "liver and dropsy."
Tumour growing from equator at outer side. Tumour pedunculated, size of pea; retina completely detached. Cells oval and spindle-shaped. Pigment scanty and confined to small areas. Tumour very vascular	+ T.	—	No notes	Further history unobtainable.
Fungating black tumour which has perforated sclera. Globe filled by soft coal-black mass. O.N. deeply invaded. Tumour composed of fine spindle cells. Pigment irregular in distribution	"+ T."	Liver	Unknown	Death certified, "Sarcoma of liver."
Tumour of choroid growing from temporal equatorial part. No microscopical examination	+ T.	Liver	Unknown	Death certified, "Cancer of liver."

1. No. of case and <i>Reg. No.</i>	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
33 628	Edward C.	L	50	Failure, 9 months	—	Enucleation	Unknown
34 711	Joseph R.	R	60	Detached retina, 3 years. Pain began 3 months later	—	Enucleation	6 months
35 733	Mary D.	R	58	Detached retina, 1 year. Pain, 5 weeks	—	Enucleation	Alive
36 753	Jas. H.	L	58	Failure of sight, 4 months	—	Enucleation	1 year and 8 months
37 906	Eliza M.	L	29	Failure of sight, 2 years. Blind, 1 year	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Choroidal growth extending from near O.D. to ciliary body on nasalside. O.N. not invaded. Tumour very vascular, cavernous. Deeply pigmented in parts	T. n. or —.	—	Negative	Further history unobtainable.
Dark, slightly nodulated growth on nasal side of choroid, which fills $\frac{2}{3}$ of globe; has perforated sclerotic. Partially pigmented	+ T.	—	Unknown	Death certified from "Inflammation of spinal cord and paraplegia."
Rounded pedunculated dark tumour springing from lower and inner part of choroid, extending from O.D. to within 2 mm. of equator	+ T. 1	—	Maternal aunt died of "Tumour of breast"	Alive and well, January, 1891, 9 $\frac{1}{4}$ years after excision.
Dark choroidal growth extending from ciliary body nearly to O.D. on temporal side. Small spindle cells, with much pigment in places. O.N. not invaded by tumour cells	T. n.	Liver	Unknown	Death from "Cancer of liver."
Choroidal tumour in upper inner part, grey in colour, partially pigmented. Small spindle cells, in places containing much pigment. O.N. deeply invaded by tumour cells	—	—	Unknown	Patient writes in January, 1891, 8 $\frac{1}{2}$ years after operation, that she is in good health. Reported in O. H. R., vol. xi, p. 53.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
38 926	Jane N.	L	42	Sight failing, 2 years. Pain, 1 month	—	Enucleation	Unknown
39 1098	John H.	R	50	Failure, 12 months. Pain, 4 months	—	Enucleation	Unknown
40 1114	Male.	—	76	2 years	—	Removal of globe and tumour "en masse"	—
41 1235	Samuel B.	R	50	Failure of sight, 4 years. Blind, $3\frac{9}{12}$ years. Pain, 1 week	—	Enucleation	Unknown

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
Globe completely filled by new growth, in which are several blood extravasations. It is a spindle-celled sarcoma	+ T. 3	—	Negative	Further history unobtainable.
Solid growth below and to nasal side; close to O.D. Dark in colour, very vascular, consists of small round and spindle cells; is irregularly pigmented, and contains large blood channels. O.N. not involved	+ T. 1	—	Unknown	Further history unobtainable.
Eyeball filled by new growth, which protrudes through the cornea and forms a large fungating mass, pigmented in parts. The central part is soft, and has broken down. Cells small, round, and oval. Pigment scanty, chiefly in large roundish cells	—	—	Unknown	Death occurred immediately after the operation.
Dark, mushroom-shaped growth, springing from choroid near O.D. and nearly filling posterior part of globe. Growth is a spindle-celled, very vascular sarcoma, degenerating in central part; deeply pigmented at margins. O.N. not infected	—	—	Unknown	No further history obtainable. Reported in O. H. R., vol. xi, p. 43.

1.	2.	3.	4.	5.	6.	7.	8.
No. of case and Reg. No.	Name.	Eye affected.	Age at date of operation.	Duration of previous symptoms.	Interval between operation and first symptoms of recurrent or metastatic growth.	Operation.	Duration of life after primary operation.
42 1240	Daniel O'N.	R	67	Failure of sight, 4 years. Blind, 2 years. Pain, 4 weeks	—	Enucleation	5½ years
43 1268	Sarah B.	R	54	Failure, 6 months	—	Enucleation	3½ years
44 1306	Robt. B.	L	70	Failure, 18 months. De- tached retina, 15 months. Pain, 8 days	—	Enucleation	16 months
45 1321	Elizabeth F.	R	52	Blind, 17 months. Pain, 2 months	—	Enucleation	6½ years
46 1343a	William P.	R	35	Failure, 7 months. Blind, 6 to 8 weeks	—	Enucleation. Exenteration of orbit 3 days later, and chloride of zinc paste applied	4 years and 2 months
47 1390	Henry G.	R	30	Failure, 18 months. Blind, 9 months. Pain, 1 month	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Rounded tumour at posterior part of globe. Retina detached. Growth is a round-celled unpigmented sarcoma. O.N. not involved	+ T. 2	—	Unknown	Died "suddenly." Cause of death doubtful.
Large coal-black tumour on nasal side, springing from choroid at equator. Retina detached. Round-celled, intensely melanotic growth. O.N. not involved	T. n.	—	Negative	Death certified from "Chronic bronchitis and cardiac failure."
Tumour growing from equator, filling $\frac{1}{4}$ globe. Retina detached. Mixed spindle and round-celled sarcoma of choroid, with scattered pigment. O.N. not involved	+ T. 3	Liver	Unknown	Death from "Congestion of liver, ascites, exhaustion."
Large black mass in upper part of globe. Is a round-celled, deeply pigmented sarcoma	—	R. Femur, ? lungs.	Unknown	Death from "Cancer of right femur, congestion of lungs, and coma."
Large pigmented tumour at upper and hinder part of globe. O.N. involved as far back as point of section. No microscopic examination,	+ T.	—	Negative	Died after 12 months' illness. Was paralysed in lower extremities.
Irregular pigmented tumour close to O.D. on temporal side, which has extended through the sclera, and formed a nodule on posterior surface alongside O.N.	-T. 2	—	Negative	Patient reports himself in good health in January, 1891, 6 years 10 months after the operation.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
48 1408	Ethelbert E.	R	60	Failure, 2 years. Pain, 1 month	5 months	(1) Enucleation; (2) Removal of recurrent growth on 3 separate occasions	2½ years
49 1495	Stephen C.	L	50	Failure, 12 months. Blind, 3 weeks. Pain, 1 week	—	Enucleation	1 year
50 1532	Louisa L.	R	39	Detached retina, 12 months. Pain, 3 days	—	Enucleation	Unknown
51 1823	Joseph Y.	R	58	Failure, 10 months. Blind, 3 months. Painful, 5 weeks	—	Enucleation	3 years and 2 months

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
<p>Growth springs from choroid above, and nearly fills the eyeball. Mixed, round, and spindle cells, scantily pigmented; very vascular in parts. An inflammatory (? sarcomatous) nodule on posterior surface of sclera, close to O.N. O.N. not invaded</p>	+ T. 3	<p>1st recurrence, R. lower lid; 2nd, R. lower lid; 3rd, R. orbit</p>	Negative	<p>Reported in O. H. R., vol. xi, p. 400. Died from "Cancer of face and exhaustion."</p>
<p>Large rounded growth springs from posterior and inner part of choroid; partially pigmented; surrounds entrance of O.N. It is a round and oval-celled tumour. Pigment irregularly distributed. O.N. invaded by growth, which is spreading into sclera also</p>	+ T. 2	—	Unknown	<p>Reported in O. H. R., vol. xi, p. 402. Death reported from "Sarcoma."</p>
<p>Round-shaped choroidal growth at posterior pole; spreading into sclerotic along ciliary vessels. It is composed of small spindle-cells, and is very sparsely pigmented</p>	+ T. 3	—	Unknown	<p>Further history unobtainable.</p>
<p>Choroidal growth springing from near O.D., reaching to equator. Small, round sarcoma-cells, except near base, where some are spindle-shaped. Pigment in posterior part only. O.N. not invaded</p>	T. ? +	—	Unknown	<p>Reported in O. H. R., vol. xi, p. 403. Death certified from "Phthisis."</p>

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
52 1885	Eliza A.	R	33	Detachment of retina, 10 months. No pain	—	Enucleation	Alive
53 1994	Thomas B.	R	64	Failure, 2½ months. Pain, 3 weeks	—	Enucleation	2 years
54 1999	Edridge P.	L	64	Failure, 5 months. No pain	—	Enucleation	Alive
55 2010	Robert A. T.	R	60	Failure, 6 months. No pain	More than 17 months	Enucleation	2¼ years

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
In upper outer part of globe, posteriorly, a growth, size of pea, arising by a wide base from choroid. It is a small, round, and oval-celled tumour partially pigmented, very vascular. O.N. not invaded	+ T. 1	—	Unknown	Reported in O. H. R., vol. xi, p. 405. Patient alive and well, January, 1891, 5 $\frac{5}{12}$ years after operation.
Large choroidal tumour on temporal side of eyeball, broad base, and narrow neck with globular top. Growth is round-celled, irregularly pigmented. Cells beginning to infiltrate sclerotic. O.N. not involved	+ T. 2	—	Unknown	Reported in O. H. R., vol. xi, p. 407. Death certified from "Cirrhosis of liver and ascites."
Large rounded tumour in outer and lower part, in deep layers of choroid. Consists of round unpigmented cells. O.N. not involved	T. n.	—	Father died, "Cancer of stomach," æt. 67. One sister of "Cancer of womb," æt. 52. One of "Phthisis," æt. 20	Reported in O. H. R., vol. xi, p. 408. Alive and well 5 years after operation (January, 1891).
Large rounded growth from upper outer part of choroid anteriorly. Fills $\frac{2}{3}$ vitreous chamber; composed of small spindle and round cells, is irregularly pigmented. O.N. not involved, but cells spreading into the sclerotic	T. n.	Liver	Negative	Reported in O. H. R., vol. xi, p. 409. Died of "Cancer of the liver."

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
56 2036	Julia J.	L	44	Failure, 18 months. Blind, 5 months. Pain, "shortly before admis- sion"	—	Enucleation	Unknown
57 2067	Josiah N.	L	59	Failure, 26 months. Pain and blindness, 3 days	—	Enucleation	3½ years
58 2086	Matilda E.	L	35	Blindness discovered, 8 weeks. Pain, 8 weeks	—	Enucleation	Alive
59 2133	Henry T.	L	63	Failure, 4 months. Blind, 2 months. Pain, 1 week	1½ years	Enucleation	2 years
60 2136	Francis H. B.	R	42	Failure, 2½ years	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Growth springs from choroid above and to outer side of O.D., extending far forwards in vitreous chamber. Growth consists of round and polygonal and irregular shaped cells. Much pigment in posterior part. O.N. invaded, but not at point of section	+ T. 2	—	Negative	Reported in O. H. R., vol. xi, p. 411. Alive 15 months after operation. Further history unobtainable.
Soft choroidal growth up, out, extending forwards to root of iris. It is a large, rounded growth, pigmented only in part. Invades inner layers of sclera. O.N. not involved	+ T. 2	—	Unknown	Reported in O. H. R., vol. xi, p. 412. Died from "Cirrhosis of liver and dropsy."
Diffuse choroidal sarcoma at posterior part, surrounding O.D. Tumour consists of oval and spindle cells. Not pigmented more than adjoining choroid. O.N. not involved	T. n.	—	Unknown	Reported in O. H. R., vol. xi, p. 414. Alive and in good health, January, 1891, 4½ years after operation.
Large deeply pigmented growth springing from choroid on nasal side. Spindle-shaped cells. O.N. and sclerotic not invaded	+ T. 1	Liver	Negative	Reported in O. H. R., vol. xi, p. 415. Death from "Cancer of liver."
A rounded, smooth choroidal growth at posterior part up and out. Small, round, and oval cells. Large number of pigmented cells. O.N. not involved	T. n.	—	Unknown	Reported in O. H. R., vol. xi, p. 415. In good health, April, 1891, 4 years 8 months after operation.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
61 2203	Kate G.	R	35	Failure, 4 to 5 years. Blind, 1½ years. Painful on and off, 1½ years	—	Enucleation	Alive
62 2248	Jas. W.	L	40	Blind, 7 years. Frequent attacks of pain	—	Enucleation	Alive
63 2254	Henry R. D.	R	47	Blind, 18 years. Painful occasionally. Increase in size of globe, noticed 6 weeks	—	Enucleation	Unknown
64 2255	Charles M.	L	47	Nearly blind, 4½ years, after injury. Blind, 4 years. Pain, 3 months	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Rounded choroidal growth on temporal side. Nodular on surface, greyish colour. Microscop., it consists of round and oval cells; in parts it is deeply pigmented. Sclerotic free, but O.N. invaded by the tumour cells	+ T. 2	—	Negative	Reported in O. H. R., vol. xi, p. 416. Patient alive and well, January, 1891, 4½ years after operation.
Eyeball shrunken. Rounded mass of new growth, almost filling globe and extending through sclera on temporal side to form a small nodule. It is a round and oval celled sarcoma, unpigmented. O.N. not involved	—	—	Negative	Reported in O. H. R., vol. xi, p. 417. Reports himself well 4 years after the operation, February, 1891.
Eyeball shrunken. Filled by new growth. The tumour has perforated sclerotic anteriorly, and is invading O.N. Consists of round and spindle cells. Islands of pigment scattered through growth	—	—	Negative	Reported in O. H. R., vol. xi, p. 419. Known to be alive and well 5 months after operation. Further history unobtainable.
On temporal side of O.D. a tumour of choroid, irregularly pigmented. Hard nodule of new growth on external surface of sclera close to O.N. Round and oval cells, which are extending along O.N., but do not reach cut surface	+ T.	—	Tumour of breast in one sister. Removed, and no recurrence in 7 years	Reported in O. H. R., vol. xi, p. 420. Alive and well January, 1891, 4 years after operation.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
65 2257	William G.	L	49	Failure, 7 and 8 years. Increased failure and pain, 3 weeks	2 years and 5 months	Enucleation	Unknown
66 2317	Geo. F.	L	70	Failure, "some months." Blind and painful, 7 weeks	Less than 2 months	(1) Enucleation; (2) Exenteration of orbit, 2 months later. Application of chloride of zinc paste	8 months
67 2366	Mary A. D.	R	57	Failure, about 7 months. Rapidly progressing to blindness. Pain, 5 weeks	3 years	(1) Enucleation; (2) Removal of recurrent growth, partial exenteration of orbit	Alive
68 2375	Geo. H.	R	35	Failure, 3 to 4 months	—	Enucleation	Unknown

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
A large tumour growing from anterior (ciliary) part of uveal tract on temporal side. Invades root of iris. Contains round, oval and spindle cells. Pigmented deeply in parts. O.N. not involved	T. n.	Liver	Negative	Reported in O. H. R., vol. xi, p. 422. Was in Guy's Hospital with enlarged painful liver in October, 1889, 2 years and 5 months after operation. Has not been heard of since.
Large tumour springs from posterior and outer part of choroid, and nearly fills vitreous cavity. Surrounds O.D. A small nodule on external surface of sclera. Cells generally round, in places degenerated, very little pigment. O.N. deeply invaded by tumour cells.	+ T. 2	Left orbit. Second recurrence in same situation	Mother died in old age of "polypus in the nose," after two operations	Reported in O. H. R., vol. xi, p. 424. Was temporarily jaundiced shortly before death.
A soft black mushroom-shaped growth at posterior pole of eye. It has extended backwards through sclera, and there are two extra-ocular nodules. Cells large and round, and oval in shape; deeply pigmented. O.N. not involved	+ T. 1	Right orbit	Negative	History of blow by small piece of coal shortly before failure of sight began. In August, 1890, 3 years after excision of eye, a recurrent growth was removed from orbit at a provincial hospital. 12 months later patient in good health.
Large growth from anterior part of choroid above, displacing lens downwards. Iris and cil. body involved in growth. Mixed round and spindle cells, chiefly the latter. Very sparsely pigmented. O.N. not invaded	T. n.	—	Negative	Further history unknown. Reported by Dr. Mules in O. S. Trans., vol. viii, p. 30, Case 7.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
69 2388	Mary E. R.	L	31	Dimness of sight, 1 year. Intermittent pain, 7 months. Blind, 6 weeks	About 18 months	Enucleation. Resection of optic nerve	2½ years
70 2407	Chas. B.	L	39	Failure, 3 months, but $v = \frac{2}{3}$	—	Enucleation	Unknown
71 2411	Thos. H.	R	47	Failure, 12 months. Bare p. l. for 9 months	—	Enucleation	Alive
72 2448	Kate B.	R	15	Failure discovered, 2 months. Pain about same time	—	Enucleation	Unknown

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Tumour extending from root of iris nearly to O.D. in lower part of globe. Irregularly pigmented. Composed of round and oval cells, some of latter elongated to spindles. Pigment abundant. A small separate area of melanotic growth in O.N., near lamina cribrosa	+ T. 2	Liver	Negative	Was "convulsed" one month before death.
Rounded growth, in equatorial region up and in; irregularly pigmented. Cells spindle shaped and round; arrangement alveolar. O.N. not involved. Sclera at base invaded by tumour cells	T. n.	—	Negative	Further history unobtainable.
Extensive flattened growth in upper part of choroid, reaching from ora serrata to O.D. Cells generally round, some elongated. Moderate amount of pigment. O.N. not involved	+ T. 2	—	Unknown	History of blow by a stone shortly before failure began. In good health, January, 1891. 3½ years after operation.
Darkly pigmented rounded choroidal growth at upper part of eyeball, its anterior surface close to lens. Sclera not invaded. O.N. not invaded. Cells long spindles, and round; pigment in round cells	T. n.	—	Negative	Further history unobtainable.

1.	2.	3.	4.	5.	6.	7.	8.
No. of case and Reg. No.	Name.	Eye affected.	Age at date of operation.	Duration of previous symptoms.	Interval between operation and first symptoms of recurrent or metastatic growth.	Operation.	Duration of life after primary operation.
73 2456b	Arthur H.	L	21	Spot on iris noticed, 3 years. $v = \frac{9}{8}$	—	Enucleation	Alive
74 2481	Jane C.	L	47	Dimness of sight, 3 months. Slight pain, 1 month	—	Enucleation	Alive
75 2488	Eliz. C.	L	30	Dimness, 8 months. Pain, 2 weeks	—	Enucleation	Alive
76 2500	John B.	R	64	Failure, 2 years. Slight pain, 2 months.	—	Enucleation	Alive

9.	10.	11.	12.	13.
Position, extent, and nature of tumour.	Tension of eyeball.	Site of recurrent or metastatic growth.	Family history.	Remarks. Previous injury or disease of eye, &c.
Growth in iris chiefly in lower and inner part; involving entire width of iris. Ciliary body involved. Patchy pigmentation of iris over $\frac{3}{4}$ its circumference. Growth composed of round and spindle cells, with scattered patches of pigment.	T. +	—	Negative	Alive and well, February, 1891, $3\frac{1}{2}$ years after operation.
Partially pigmented growth in ciliary region on nasal side, projecting into A.C., and extending backwards to equator. Cells round and spindle shaped; much pigment in growth. Inner layers of sclera attacked	T. n.	—	Negative	Reported by Dr. Mules in O. S. Trans., vol. viii, p. 80, Case 6. Alive and in good health, January, 1891, $3\frac{2}{3}$ years after operation.
Dark mushroom choroidal tumour on temporal side, extending from ciliary region backwards behind equator. Cells are spindle shaped; much pigment in rounded cells. Growth not very vascular	+ T. 2	—	Negative	In good health, May, 1891, $3\frac{1}{2}$ years after operation.
Grey, lobulated, soft growth in choroid, in upper outer quadrant, reaching from O.D. forwards. Growth is unpigmented except at margins. Cells round and oval. O.N. not invaded	T. n. ? —	—	Negative	Alive January, 1891, 3 years after operation.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
77 2526	Thomas G.	L	41	Failure, 5 weeks. Noticed after some neuralgic pain.	—	Enucleation	Alive
78 2528	Maria N.	R	44	Failure, 3 months. Blind, 2 months. Pain, 2 months.	—	Enucleation	3½ years
79 2548	Louisa W.	R	44	Blindness discovered, 4 months. Pain, 2 weeks	—	Enucleation	Alive
80 2565	George B.	L	48	Dimness of sight, 6 months	About 8 months	Enucleation	17 months

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Small, spongy growth in choroid immediately above O.D., which it overhangs. A round and oval-celled growth, very sparsely pigmented, O.N. not invaded, but tumour in contact with it at scleral ring	T. - ?	—	Negative	In good health February, 1891, 3 years after operation.
Darkly pigmented tumour more than half filling eyeball; reaching from O.D. to ciliary body. It is a mixed round and oval celled growth, deeply pigmented in anterior part, and moderately vascular	+ T. 1	Liver, verified by post-mortem examination	Negative	Died May, 1891, 3½ years after operation, from sarcoma of liver.
Large choroidal growth on temporal side near O.D.; grey colour. Tumour composed of small, spindle-shaped and oval cells; and is scantily pigmented, the pigment in round cells	+ T. 3	—	Not known	In good health January, 1891, 2½ years after operation.
In lower inner part, a tumour reaching from ora serrata nearly to O.D. It is a very vascular, round-celled sarcoma, deeply pigmented in part. O.N. not involved	T. n.	Liver	Negative	Death ascribed to "cancer of liver."

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
81 2572	Harriett B.	R	39	Defect discovered, 3 weeks. Pain, occasionally	—	Enucleation	Alive
82 2586	Emily H.	L	40	Dimness and pain, 12 months. Blind, 6 months. Severe pain, 1 week	—	Enucleation	7 months
83 2697	Richard B.	R	70	Nearly blind, 16 years. Growth noticed, 12 months	—	Removal of entire contents of orbit. Chloride of zinc paste applied	Unknown

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Light coloured growth springing from choroid, reaching from O.D. to point in front of equator, in upper part of eye. O.N. not involved. Tumour structure very ill defined, and evidently degenerating. Choroid in vicinity much inflamed	T. n.	—	Unknown	In good health January, 1891, 24½ years after operation.
Large, grey, speckled tumour on temporal side, reaching from edge of O.D. nearly to ora serrata. Composed of round and oval cells; exceedingly avascular, unpigmented except at edges. O.N. not involved	+ T. 3	—	Mother died "cancer on the gut."	Death certified from "irritation of brain and syncope."
Globe shrunken and puckered, surrounded by new growth of deep black colour. Eyeball contains a small celled pigmented growth, which has perforated sclera below. Orbit contained large mass of deeply pigmented growth composed of round and spindle cells. O.N. invaded by tumour cells	—	—	Negative	Further history unobtainable.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
84 2718	Charles B.	L	57	Failure, 6 months. Blind for 5 months. Pain, 3 weeks	—	Enucleation	Alive
85 2806	Geo. H.	L	59	Mist over sight, 2 years. Blind, 8 months. Pain, 4 months	—	Enucleation	Alive
86 2860	Michael J.	R	70	Failure, 12 months. Pain, 2 months	—	Enucleation	Alive
87 2879	Sarah P.	L	70	Blindness dis- covered, 5 months. Little pain	—	Enucleation	Alive
88 2887	Sarah B.	R	59	Failure, 2 years. Pain, 3 months	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Darkly pigmented tumour springing from choroid on temporal side. Composed of spindle cells, contains many large blood vessels. O.N. not invaded	+ T. 2	—	Unknown	History of injury by "clothes-prop," 2½ years before failure began. Alive and well in June, 1891, 2 years and 8 months after operation.
Firm grey growth in outer part of globe, wide base and narrow pedicle. Round-celled sarcoma, scantily pigmented. O.N. not involved	+ T. 2	—	Negative	In June, 1891, 2¼ years after operation, alive and in good health.
Deeply pigmented growth in temporal half of eyeball, springing from choroid close to O.D. O.N. not invaded. No microscopic examination	+ T. 1	—	Sister has "cancer of breast," and another sister "a growth inside her"	June, 1891, 2 years and 1 month after operation, alive and in good health.
Large pinkish-grey tumour, fills ⅔ vitreous cavity, springs from lower part of eye. Composed of small round cells, not pigmented. O.N. not invaded	T. n.	—	Negative	In good health, June, 1891, 2 years after operation.
Deeply pigmented growth in lower part of eye; two melanotic nodules on external surface of sclerotic. Round-celled sarcoma, with much pigment. O.N. not involved	+ T. 2	—	Negative	In June, 1891, 2 years after operation, writes "that health is failing."

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
89 2923	Morgan G.	L	49	Failure, 6 months. No pain	—	Enucleation	Alive
90 2994	Annie F.	L	35	Failure, 4 years	—	Eyeball and tumour mass removed entire, chloride of zinc paste applied	5 months
91 3004	Emma R.	L	59	Failure, 2 months. No pain	—	Enucleation	Unknown
92 3016	George M.	L	62	Failure, 15 months. Pain, 2 months	—	Enucleation	Alive
93 3025	Sarah L.	L	46	Failure, 4 or 5 years. Blindness discovered, 4 or 5 months. No pain	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Pigmented tumour in outer part of eyeball, extending from near O.D. to near the ora serrata. It is a round-celled sarcoma, with large vessels, and moderately pigmented. O.N. not invaded by growth	T. n.	—	Negative	In June, 1891, 22 months after operation, is in good health.
Large black growth filling the eyeball and forming a nodulated mass on posterior surface of eyeball surrounding the O.N. Round and spindle-celled growth, very intensely pigmented. O.N. deeply infiltrated	—	—	Unknown	Cause of death certified, "disease of uterus, rheumatism, and exhaustion."
Growth from choroid at upper part, grey colour. It is spindle-celled sarcoma; invades inner layers of sclerotic; slightly pigmented except posteriorly. O.N. not invaded	T. "full"	—	Negative	Further history unobtainable.
Uni-lunar tumour of choroid in upper part of eyeball. Small round and spindle cells. Irregularly pigmented. O.N. not invaded	T. n.	—	Negative	In March, 1891, 15 months after operation, patient in good health. No recurrence.
Choroidal growth, mottled and grey, springing from posterior part, round O.D. Large spindle cells; deeply pigmented in part. O.N. infiltrated by tumour cells	T. n.	—	Negative	June, 1891, 1½ years after operation, patient alive and in good health.

1.	2.	3.	4.	5.	6.	7.	8.
No. of case and Reg. No.	Name.	Eye affected.	Age at date of operation.	Duration of previous symptoms.	Interval between operation and first symptoms of recurrent or metastatic growth.	Operation.	Duration of life after primary operation.
94 3064	Thomas H.	L	25	Failure, 6 to 8 weeks. No pain	—	Enucleation	Alive
95 3096	Susan B.	L	57	Failure, 2 years. Pain, 3 weeks	—	Enucleation	Alive
96 3102	Jens E.	L	33	Failure, 10 months	—	Enucleation	Alive
97 3208	Thomas K.	L	48	Failure, 10 weeks. Blind, 1 week. Pain, 10 days	—	Enucleation	Alive
98 3226	Margaret E.	L	43	Failure, 9 months. Blind, 2 months. Little pain	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Large spongy choroidal tumour on temporal side of eyeball. Round-celled sarcoma; does not involve the O.N.	+ T. 1	—	Negative	June, 1891, 17 months after operation, patient in good health.
Three black nodules of new growth on external surface of sclerotic, near O.N. Deeply pigmented growth in choroid occupying $\frac{3}{4}$ of that structure. Small spindle and round-celled sarcoma. A black spot visible in that surface of O.N.	+ T. 1	—	Unknown	Blow by fist 5 years ago. June, 1891, 14 months after operation, alive, but suffering from continual pain in her head.
Growth springing from anterior part of choroid and ciliary body above; it is deeply pigmented. It is a small spindle-celled growth	+ T. 2	—	Mother died of tumour of face, ill 2 years	"Black eye," 5 years ago. In July, 1891, 14½ months after operation, patient in fairly good health.
Large pedunculated growth springing from upper part of choroid near O.D. Yellowish colour. Mixed round, and spindle-celled tumour almost devoid of pigment; invading sclera, but not O.N.	+ T. 2	—	Negative	In good health, June, 1891, 10 months after operation.
Deeply pigmented growth springing from choroid anteriorly on temporal side. Spindle-celled sarcoma, containing much pigment. O.N. not involved	T. n.	—	Negative	Alive in June, 1891, 9 months after operation, but in "weak health."

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of opera- tion.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
99 3241	Elizabeth G.	L	20	Blindness dis- covered, 4 months ago. Pain, a few hours	—	Enucleation	Alive
100 3250	John H.	R	64	Failure, 7 months. No pain	—	Enucleation	Alive
101 3265	Arthur L.	L	35	Dimness, 9 months. Blind, 5 months. Pain, 1 week	—	Enucleation	Alive
102 3364	Mrs. W.	L	38	Dimness, 9 months. Pain, 19 days	—	Enucleation	Alive

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Large dark growth in upper hemisphere, filling more than $\frac{1}{2}$ vitreous chamber. The tumour is composed of mixed, round, and spindle-shaped cells; it contains much pigment in large round cells. O.N. invaded by round cells of the growth	+ T. 2	—	<i>vide</i> Case 2	Patient is the daughter of <i>Case 2</i> , in these tables. In good health, June, 1891, 8 months after operation.
Growth filling $\frac{1}{3}$ globe, springing from upper part of choroid, not reaching to the O.D. Small spindle-celled sarcoma, with tracts of pigment, contained chiefly in large round cells	T. "full"	—	Negative	In good health, June, 1891, nearly 8 months after operation.
Deeply pigmented, lobulated tumour in lower part, extending from ciliary processes to the O.N. Mixed spindle and round-celled sarcoma. Pigment contained in large round cells. O.N. probably not involved	+ T.	—	Negative	In good health, June, 1891, 7 months after operation.
Peyish tumour of choroid in lower part, reaching nearly from O.D. to ora serrata. Tumour composed of small oval and round cells. Contains very little pigment. O.N. not invaded	+ T. 1	—	Negative	In good health, July, 1891, 8 months after operation.

1. No. of case and Reg. No.	2. Name.	3. Eye affected.	4. Age at date of operation.	5. Duration of previous symptoms.	6. Interval between operation and first symptoms of recurrent or metastatic growth.	7. Operation.	8. Duration of life after primary operation.
103 3433	Mrs. T.	L	70	Failure of sight, 6 years, progressed to blindness quickly	—	Enucleation	12 months

9. Position, extent, and nature of tumour.	10. Tension of eyeball.	11. Site of recurrent or metastatic growth.	12. Family history.	13. Remarks. Previous injury or disease of eye, &c.
Large irregular-shaped tumour of choroid on nasal side behind equator, and extensive diffuse growth in choroid. Tumour chiefly round-celled, but in front there are spindle-shaped cells. Irregularly pigmented, in some parts deeply. O.N. involved as high as point of section	+ T. 2	Stomach and liver, according to physical signs. No post-mortem examination	Unknown	—

