**A CASE OF TUBERCULOUS CHOROIDITIS
TERMINATED BY MENINGITIS AND MULTIPLE
BRAIN ABSCESSES**

BY

T. MILNES BRIDE

MANCHESTER

E.E., female, aged 36 years, came under my care at the Manchester Royal Eye Hospital on November 7, 1921.

The history given was that the vision of the right eye had been failing for a few weeks. Examination of the right eye revealed the following:

"The eye is normal externally, the pupil reacts equally with its fellow, the lens and vitreous are clear, there is a large ballooned detachment of the retina below, around, and about which and the disc are multiple areas of atrophy of the choroid with patches of pigmentation, the disc itself appears healthy, the vision is reduced to the counting of fingers at a few feet, intraocular tension normal."

The left eye is normal and has normal vision.

The patient is a well-nourished woman and appears in good health; her left breast was removed by radical amputation for scirrhus carcinoma in May, 1921.

A general examination was made by Dr. Core, Physician to the Hospital, who reported as follows:

"There is pain at the right base with some signs of pleural adhesions and collapse of the lung in the right postero-lateral region of the chest; these are not diagnostic of any intrathoracic metastasis but are somewhat suggestive of it. The heart is rapid, no structural disease in the abdomen, pulsatile aorta, no enlargement of liver."

Dr. Arnold Renshaw reported as follows:

"The Wassermann reaction is negative in a dilution of 1 in 5. von Pirquet's cutaneous reaction is negative to human and bovine tuberculin."

The diagnosis appeared to lie between tuberculosis of the choroid and secondary malignant deposits; transillumination of the eye did not reveal any shadows. The patient was examined weekly until the end of December, 1921.

On January 8, 1922, she was admitted to Withington Hospital in a semi-conscious state with twitchings of the extremities and occasional vomiting. I was not informed and did not see her; she died on the 11th.

The post-mortem examination was unfortunately incomplete, and only the brain was examined; this showed general meningitis

with multiple abscesses in the brain substance which were diagnosed as tuberculous. The eye was not obtained.

The interesting point arises as to whether it would have been wise to remove the eye. Looking back on it I think it would, as there were no definite signs of tubercle elsewhere.

A CASE OF INTRA-OCULAR SARCOMA OF UNKNOWN ORIGIN CAUSING THE SYMPTOMS OF AN ACUTE HYALITIS

BY

T. HARRISON BUTLER

AND

ERIC W. ASSINDER

PATHOLOGIST, BIRMINGHAM EYE HOSPITAL

THIS case seems worthy of record, first, because there is some doubt as to whether the tumour arose from the sclera or from the choroid, and, secondly, because it gave rise to symptoms that suggested a septic hyalitis.

Ada C., aged 28 years, was admitted to the Birmingham Eye Hospital complaining of great pain in her eye.

History. Was confined three weeks ago. There was nothing abnormal during the confinement or the puerperium.

For the past eight months she has noted that the sight of the left eye was dull.

For the past few days the left eye has been inflamed and painful.

Present condition. The patient is obviously ill, her breath is foul, and her temperature raised.

The left lids are oedematous. The eye is intensely injected. The cornea is steamy, and the tension is plus 3.

On the temporal side, deep in the eye, there is seen a pinky yellowish mass. The retina is detached over it.

Transillumination gives an opaque shadow on the temporal side.

It was considered that there was a septic inflammation of the eye, and that the mass was inflammatory. It was supposed that the septic condition was connected with the confinement. The general condition of the patient, who was quite obviously very ill, lent support to this view; although the fact that the eye had been abnormal for some months was against this diagnosis.