SARCOMA OF THE CHORIOIDEA.

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SARCOMATOUS tumours of the chorioid, though not very rare, are sufficiently scarce to make it worth while to show two cases that have recently come under my care in St. Mark's Ophthalmic Hospital:—

CASE I. (S.M.O.H., 319).—Esther C., aged fifty, was admitted in August, 1888, complaining of pain and blindness of one eye.

History.—She stated that for more than a year the sight of the left eye was dim; that it gradually got worse until the sight was reduced to bare perception of light; that she had no pain in the eye until a few weeks before, when it got red and inflamed.

Condition on Admission:—Left Eye.—There is evidence of considerable iritis. The conjunctiva round the cornea is congested. The anterior chamber is shallow, almost obliterated; the pupil acts slightly to stimulation of the right retina, and no illumination of the fundus can be obtained. Tension + 1; vision, perception of light only; globe rather tender on pressure, with a constant pain. There is some external strabismus of the left eye.

The *right eye* is normal in all respects. Though the diagnosis of tumour was not fully made, it seemed probable that one existed, and as the eye was blind, painful, and glaucomatous, with no illumination obtainable, it was considered advisable to enucleate, which I did on Sept. 1st.

On opening the globe the vitreous was found quite fluid and of a dark-brown colour; the retina was completely detached, and a small tumour, with a broad base growing from the chorioid, was situated near the disc. There was no extra-ocular portion of tumour, the sclerotic and the optic nerve were apparently perfectly

normal. The globe being hardened in Müller's fluid, was handed to my friend Dr. Graves, who kindly made sections of it and confirmed our diagnosis, based on clinical and macroscopic examination. It proved to be a spindle-celled sarcoma originating in the chorioid, and containing a considerable amount of pigmentation.

CASE II. (S.M.O.H., 597).—Bridget T., aged forty, was sent up by Dr. Walshe, of Kilmacthomas. She was admitted to St. Mark's Hospital on 24th January, 1889.

History.—Four years ago the sight of the right eye began to fail (after her confinement). There was no protrusion of the globe until about eight or ten months ago, and she had no pain in it, she says, till about three months ago. The pain began in one of her back teeth, and went from that to her eye.

Condition on Admission:—The *right eye* is very prominent, and its motions in all directions very limited. The lids are much stretched and enlarged, as from a long-standing cause. The cornea is transparent, anterior chamber normal, iris and pupil normal-looking, and active to stimulation of the left retina. The lens is opaque, and vision = 0. A tumour could be felt through the large soft lids that covered the protruded globe, and little or no difficulty existed in making the diagnosis of a tumour originating in the chorioid and having extended into the orbit.

The operation was done on January 26th, 1889, and the large tumour with the eye was enucleated. Some considerable difficulty was experienced in getting the tumour away unbroken, as many adhesions existed around its posterior deep parts, and the point of the scissors did, in one place, penetrate the tumour and allow the escape of a small quantity of very soft black substance. The tumour surrounded the globe as far forwards as its equator, and the optic nerve was so attenuated that its presence could hardly be recognised.

Dr. Graves has also kindly made sections of this tumour, and has found it to be a pigmented sarcoma, with some peculiarities which he will explain presently.

The late occurrence of pain in both these cases, and the long interval between the blindness and the protrusion of the eye in the second case are worth noting.

For more than three years, probably, the tumour in the second

case remained an intra-ocular one, during which time it must have grown very slowly indeed. For the last year or less it has been extra-ocular also, and in that time it has grown six or seven times as much as it did in the previous three years—that is to say, the extra-ocular rate of growth was about twenty times as fast as the intra-ocular rate.

Dr. Graves' Report on the Microscopical Examination of the Specimens.

CASE I.—This is a spindle-celled pigmental sarcoma of the chorioid. Both the macroscopic and microscopic appearances are very pretty, showing well the structure from which the growth springs.

CASE II. is also a pigmental chorioidal sarcoma, but it would be difficult to find two tumours of the same name that differed as widely as these two tumours do.

This is a round-celled sarcoma, and most of the cells are pigmental; while in the other case only a very few cells were pigmental.

This growth has very much thinned the chorioid, and seems to have been of slow growth at first, afterwards finding its way out of the orbit by the optic nerve, as well as by the side of the blood-vessels; it has evidently grown quickly and formed a large tumour on the outside of the eye.

From the way in which it has passed along the optic nerve, I should be very much inclined to think that perhaps this tumour may recur as multiple sarcoma in the liver, &c., and it would be interesting to watch the future progress of this case.

Many pigmental sarcomata of the chorioid do recur in this way.