TWO CASES OF CHOROIDAL SARCOMA.

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FUSCHS has observed four stages in the life-history of choroidal sarcomata:—

1. When the tumour is small, and the retinal detachment is small, and there is great danger of mistaking the case for one of *simple detachment*, the intra-ocular tension being normal.

2. Where high tension follows, with opacity of the media, and the diagnosis of *acute glaucoma* is probable.

3. Where the tumour perforates the sclerotic, and commences its more rapid extra-ocular growth.

4. The stage where generalisation of the tumour takes place by metastatic extension.

Both the specimens which I show to-night belong to the second stage, where the growth is confined entirely within the sclerotic.

CASE I.—E. M'E., a girl, aged twenty-two, was admitted to St. Mark's Hospital, December 14th, 1896, sent by Dr. Robinson, of Newry. When admitted there was in the right eye a corneal staphyloma, a high tension (+ 1 or more), and the vision was absolutely nil. The disc was of a greyish colour, indistinctly seen, and the retina was detached. The left eye was tolerably normal in appearance, but the vision was only $\frac{6}{36}$, and the tension was normal.

The presence of any definite growth was not diagnosed, but enucleation was done to relieve the pain, as the eye was absolutely

sightless, and the possibility of a tumour is always present in such cases.

On opening the eye a large portion of the choroid was found to be thickened in a more or less crescentic way, the thickening being greatest near the ciliary body, and getting regularly and gradually thinner towards the equator. There were no nodules at all, and until a cross section was made the presence of a definite tumour was impossible to ascertain.

The tumour is more or less diffusely extended over quite a large portion of the anterior portion of the choroid, possibly originating in the ciliary body, is deeply pigmented everywhere, and, as can be seen in the sections, is a spindle-celled melano-sarcoma.

I have just heard that this patient has since enjoyed good health, and shows no sign of recurrence. The age of this patient—only twenty-two—and the indefinite shape and limits of the growth are points of interest.

CASE II.—K. F., a woman, aged fifty-two, was admitted to St. Mark's Hospital on March 5th, 1896. She had been at the hospital first in December, 1895. She then stated that she had first noticed her sight getting bad in May, 1895, and from that on it got steadily worse and worse as regards the sight. She had no pain at that time.

On February 2nd, 1896, three large retinal detachments were seen with the ophthalmoscope, and hæmorrhages were visible on the parts of the retina between the detachments. Left V. = p. c., T + ? Right V. = $\frac{6}{18}$, Tn.

By February 29th, 1896, the anterior chamber was totally obliterated. There was zonular vascularity, commencing ulceration of the cornea below, the lens was getting cataractous, and T. + 2. The tension soon rose to + 3, and on admission vision was totally gone. This was ten months from the time she first noticed the eye defective. Enucleation was at once done. The exterior of the globe and the optic nerve seemed normal.

On opening the globe a quantity of straw-coloured (sub-retinal) fluid escaped. The retina was totally detached in a funnel shape, and a tumour about the size of a good pea, almost spherical and distinctly pedunculated, was found attached to the choroid, close to the optic nerve entrance, and protruding into the interior of the globe.

Under the microscope will be seen sections which show that the case is one of round-celled leuco-sarcoma, and suggests fairly rapid growth compared with the first case. The characteristic shape of the growth and the entire absence of pigment in it are of interest.

I wrote to her the other day to enquire regarding her present condition, and heard that she has since been "quite well."

Ten months had elapsed from the first eye symptom before enucleation, and a year and ten months has elapsed since the operation without there being any sign of recurrence.

Sarcomata of the eye are amongst the rare diseases; roughly speaking they occur only about once in every 2,000 cases of eye disease. They are commonest between the ages of forty and sixty, and are very rare in childhood.

Fuschs found sarcoma of the iris in 6 per cent., sarcoma of the ciliary body in 9 per cent., and sarcoma of the choroid in 85 per cent., and 13 per cent. of recurrences mostly occurring within a year.

In the first stage the percentage of recurrences was 0; in the second stage, 5 per cent.; and in the third stage, 22 per cent. The probabilities therefore are in favour of my second case not getting a recurrence.

The specimens which are under the microscopes were kindly prepared for me by Professor Scott.

MR. CROLY wished to know was it in the brain or in the other eye that recurrence took place after removal of the contents of the orbit for sarcomatous tumour. Sarcomatous tumours were not likely to recur in their original positions, and sarcomatous tumours spread through the blood-vessels, not the lymphatics. It was his experience to find sarcomatous tumours in the young, and he had seen sarcoma of the tonsil at seventeen years of age.

DR. BENSON, replying, said that in talking of recurrence he alluded to local recurrence. Of course, in eye cases general

recurrence occurred also, and that came into Fuschs's fourth stage generalisation. Intra-ocular sarcomata recurred in young people, but very much more commonly in older people. If, in removing the eye, the optic nerve was found implicated, as much of the latter as possible was also removed ; but extirpation of the orbit was an impossible thing to do completely, and some of the diseased tissue was liable to get squashed into some of the crevices in the neighbourhood.