

I believe that the kind of treatment, thus broadly outlined, will enable us in the future to arrest or control the majority of cases of *tabes dorsalis*, more especially in the earlier stages, the diagnosis of which neurological technique makes possible. Even in later stages hope need not be given up, as some remarkable cases could attest did space permit. This is a great step in advance, and if the results of the new organic-arsenical (dioxydiamidoarsenobenzol preparation) recently discovered by Ehrlich are confirmed, we shall have still more rapid control over the pathogenesis of *tabes dorsalis*, a quondam despair of medicine.

TWO CASES OF SARCOMA OF THE CHOROID.

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The insidious nature of the onset of malignant processes which invade the human organism is a truism, the importance of which it is useless for me to emphasize. In a highly vascular organ as the eyes, choroidal sarcomata are by no means rare, and by means of the ophthalmoscope may frequently be observed or detected early in their formation. Many patients, either from ignorance or what cannot be termed anything else than stubbornness, delay to such an extent that the consultant is at a loss to differentiate the tumour from a number of complicating sequelæ, symptoms which completely mask the detection of the original intra-ocular neoplasm. I have recently seen two cases which largely bear out this assertion, one of which is of added interest due to a careful pathological examination.

Case I.—J. W., a male aged 50, was first seen by me in January, 1908. He stated that up to two weeks previous his eyes had been normal. Since that time, he noticed a mist before his sight, and when he closed his left eye, he saw only the upper half of objects. The eye was free from pain, and there was no external evidence of ocular disorder. The pupil of the right eye, the one complained of, was larger than that of the left, it reacted to light; the cornea, aqueous, and lens were clear. Vision was reduced 20/40, while the tension was + 2. Upon examining the patient with the ophthalmoscope, I found the upper half of the retina to be detached and floating in the vitreous. In six weeks time he again presented himself for examination, when I noted a complete separation of the retina with total loss of vision. The patient was then lost sight of for a period of six months, after which lapse of time he again came to me complaining of excruciating pain in the right eye,