

movements of the globe were normal in every direction except outwards, where the excursion was 8-10 mm. less than on the right side.

On palpation one could feel below the outer third of the superior margin of the orbit, between it and the upper surface of the eyeball, a dense elastic mass with a rounded, slightly nodular margin. The tumour could be traced into the orbit for a short distance on either side. With the ophthalmoscope, increased fulness of the retinal veins was made out, but the fundus was otherwise normal. L.V. = $\frac{6}{30}$, not improved. The field of vision for white, red, and green, showed only



slight constriction for the first mentioned colour on the temporal side of the chart. T. n.

May 3rd, 1899. Tumour removed by Krönlein's method. As the details of this operation are still not generally known, we insert a translation of the author's own words regarding the steps to be followed in its performance, as was closely done in this instance.

1. *Skin Incision:* The incision begins in the temporal region at the point where the *linea semicircularis* of the frontal bone is distinctly felt through the skin, i.e. about 1 cm. above the *margo supraorbitalis*, and