

elastic. A great difficulty, however, sometimes arises in these cases where the mucocele extends to the ethmoidal sinus, and thence first spreads to the orbit. In the three cases I have come across I have not found this condition.

Another tumor occurring in this position to be diagnosed from the distended sinus is a meningocele ; this is situated rather further forward ; we also have the history of its duration, and occasionally the appearance of cerebral irritation symptoms on pressing it firmly.

This area is also the favorite seat of osteomata, which are generally ivory hard and of very slow growth ; these can occur elsewhere, especially on the roof of the orbit. The slow growth and ivory hardness guides, although occasionally a tumor of the frontal sinus driving the outer bony table down in front of it may simulate osteoma, as Swanzy points out.

In tumors growing from the inner wall and back of orbit, it is of importance to examine the palate, pharynx and teeth, as also the permeability of the nostril, since growths originating from the sphenoid and ethmoid frequently invade these cavities.

The misdirection of the eye assists us as to the position of these growths.

It is much rarer for growths to originate from the outer walls of the orbit.

Again, it is very rare for tumors of the brain to invade the orbit, the preceding cerebral symptoms would help as a guide, but by no means surely, for it may happen that a tumor of the orbit, giving rise to very slight if any localizing symptoms may early invade the brain.

Tumors of the antrum can secondarily invade the orbit through its floor ; here the symptoms would guide one.

Tumors of the lachrymal gland present no great difficulty, but there is a slow type of periostitis associated with much thickening, which may occur, especially on the roof of the orbit, and associated with syphilis.

Lastly, primary tumors of the optic nerve and of the cellular tissue of the orbit occur ; of these the characteristics will appear more fully in the ensuing portion of this article.

The last point we have then to consider is the nature of the new growths, and here great difficulties confront us.

Rapid growth, pain, early blindness, enlargement of præaural gland, invasion of surrounding cavities, and sometimes pulsation