

QUARTERLY REPORT OF THE EYE AND EAR CLINIC OF
THE ROYAL VICTORIA HOSPITAL, MONTREAL.

BY

FRANK BULLER, M.D.,
[Surgeon to the Department,

AND

W. GORDON M. BYERS, M.D.,
Assistant-Oculist and Aurist.

**A Case of Primary Carcinoma of the Lachrymal Gland—Ex-
tirpation of the Growth by Kronlein's Operation.**

James W., æt. 31, English-speaking native of Canada, came to the out-patient department of the hospital complaining of a bulging of the left eye.

For the past year the patient had felt indefinite "stitches" in the outer and upper part of the orbit, and during a period of ten weeks prior to his coming to the clinic he noticed a gradually increasing prominence of the left eye accompanied by failure of vision of that side. During the last mentioned period the patient said that the parts to the outer and upper side of the eye had become slightly tender to the touch, but he had never experienced any definite pain in connection with the growth. He had been living a generally intemperate life for some years past, and on two occasions during drinking bouts had received blows upon the left eye. There was ^{no} specific history.

The patient was a fairly well nourished man of medium height, exhibiting a considerable degree of anæmia as shown by pallor of the face as well as lips and conjunctivæ. The right eye was normal in every respect, R.V. = $\frac{1}{6}$ + 0.5 $\frac{1}{6}$.

The changes in the left eye, as will be seen in the photograph, were very marked. There was increased fulness of both the upper and lower lids with obliteration of the palpebral folds. The left upper lid was on a lower level than the right but the palpebral fissure was fully 3 mm. wider on the left than the right side; the movements of the lids were normal. The veins of the conjunctiva were full and tortuous along the upper fornix, but this condition could only be seen when the lid was everted.

The most striking feature of the case was the very apparent exophthalmos. There was forward displacement of the globe to the extent of 15 mm. with little or no lateral deviation and the eyeball was at the same time pressed downwards about 5 mm. below its opposite fellow. The