

day after his return, and had not felt any subsequent inconvenience from his injury. The cut soon healed, and the normal mobility of the lid gradually returned.

Remarks. Injury of the orbit or the presence in it of a foreign body is always a source of interest, and often of great anxiety to the surgeon, for grave results sometimes follow apparently trifling injuries of this region, while many seemingly mortal wounds ultimately proving comparatively harmless. As immediate effects the eye may be destroyed for visual purposes by direct violence to the ball or to the optic nerve, or the roof of the orbit may be penetrated or fractured, and the cranial cavity directly implicated. Secondary results more or less serious or fatal may supervene, as, orbital cellulitis, abscess, necrosis of the orbital walls, meningitis, cerebral abscess, or tetanic convulsions.

The protracted and localized pain, and the suspicious character of the cicatrix, apart from the use of the probe, &c, would in any case, as in the instance just given, materially assist in forming a correct diagnosis.

The immunity of the eyeball from injury is remarkable, and only to be accounted for on the supposition that the stick pursued an oblique course, and that the larger fragment took its position relative to the globe when breaking, after its point had become fixed in the bone. The tolerance with which the orbital tissues sometimes suffer the intrusion of foreign bodies is here pretty fairly shewn, for the incision said to have been made in the chemotic conjunctiva two weeks after the accident, seems to have been intended to relieve secondary oedema, rather than to give exit to a pointing abscess. The splinters were rather sharply pointed, and therefore, injured but a small surface of the periosteum at the points of impaction. They were not very deeply placed, and do not appear to have perforated the orbital walls though they were firmly nailed in it. These facts seem to explain the rapid subsidence of the subjective symptoms after the removal of the source of irritation. The case here presented may appear hardly worthy of record, but in a very similar one of Mr. Hulke's, as regards the size, character, and relative situation of the foreign body, death occurred in eleven days. The almost constant pain in the part injured, the floor of the anterior cerebral lobe and the severe attendant hemierania leave little room to