

relate, on the evening of Oct. 5th (1890), viz.: Hernia of the lachrymal gland, which must be exceedingly uncommon, as I have not been able to find it mentioned in text-books—though it is not on account of its rarity that it is brought to your notice; but for the serious mistake this rarity may entail in the treatment; by removing it as a redundant piece of fat, in order to more readily facilitate the closing of a wound of the orbit, thereby rendering the eye dry and lustreless, and perhaps engendering other changes.

Cora B., aged 4 years, while carrying a teacup, fell with her face upon it, breaking it, and inflicting an incised and somewhat punctured wound near the upper and outer angle of the right orbit, dividing the upper lid between its tarsal cartilage and the brow, in an upward and obliquely outward direction, to the extent of $\frac{3}{4}$ of an inch through which wound protruded what at first sight was thought to be a globular piece of intra-orbital fat, and I am not sure that the thought of getting rid of it from the wound by snipping it off, did not momentarily occur to me.

But fortunately the little gland was thought of, and the position and extent of the wound such as would be most favorable for its escape. On closer examination by a better light, as it was after dark, the gland was satisfactorily made out, and replaced as near as possible to its normal position, and the wound carefully stitched together, which, after a few days, completely healed without any ill results.

There is, perhaps, no part of the lachrymal apparatus which gives so little concern surgically. as the lachrymal gland, which stands in marked contrast to the excretory lachrymal apparatus, the ducts and sac, which are so frequently the seat of disorder. This, no doubt, is in a great measure due to its sheltered position in the fossa of the temporal bone, its under-surface, resting on the globe of the eye, upon which its secretion is poured out by means of several short ducts. The gland appeared to be the larger lachrymal gland, which occupies the temporal fossa, and not the smaller and frequently concomitant gland, which is covered by the fascia of the lid. The wound in position and extent corresponded to the incision sometimes made for the removal of the gland after removal of the globe, so as to render the orbit more free from moisture.

POST-SPINAL SCLEROSIS.

George B., æt. 24 years, formerly a slaughterman, at present a laborer in a railway yard, came to me on February 6th, 1891, on account of failing sight for two years past. With right can only see shadow of hand, cannot count fingers. With left counts fingers at four feet. Color-sense completely wanting. Right pupil dilated, unaltered by light or accommodation. Left pupil does not contract to light, but does so feebly to accommodation.

Ophthalmoscopic examination — Right media clear; refraction normal; O. D. showed marked atrophy, especially at its outer side, causing excavation; lamina cribrosa plainly seen, giving it the usual stippled appearance; arteries diminished in size, veins somewhat tortuous; left O. D. greyish and showed atrophy less advanced.

These conditions being highly suggestive of spinal sclerosis, his reflexes were tested and found wanting. Enquired for lightning pains, which elicited the reply that he was much troubled with rheumatism in his legs, which often came and went suddenly. His gait is not ataxic, but he sways when standing with feet together and eyes closed. Sexual desire somewhat lessened. The special senses, other than sight, apparently unaffected. Some months ago had a hesitancy in making his water, that is, when the desire to void it was felt and he was ready to make it, he had to wait some time before it was voided.

This in my opinion, in all probability, is a case of post-spinal sclerosis or progressive locomotor ataxia, doubtless specific in its origin, as he admits having a sore on his genitals twelve years ago, followed by constitutional phenomena—which we know is the most frequent origin of it—Gowers giving it as the cause in about 50 per cent. of the cases.

I have presented the patient and reported the case to you to-night as one of much interest, showing, along with other things, the value of the ophthalmoscope in the diagnosis of a general disease in its earlier stage.

N.B.—Since reporting this case to the Society, patient consulted a neighboring ophthalmologist, who confirmed the conditions seen in the eye and also the diagnosis.