

TUMORS OF THE ORBIT.

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Tumors of the orbit are of comparatively rare occurrence, but yet the possibility of their turning up at any time in practice, as well as their obscurity, is sufficient and good reason for treating of this subject in regard to the salient points as to symptoms.

The first thing to decide is naturally the presence of the tumor ; next is its site, and, if possible, the place of origin ; and lastly its nature.

The tumor generally makes its presence known by displacing the eyeball, the direction of the displacement varying with the position of the tumor.

If it be inside the cone formed by the bellies of the muscles at the back of the eye, the eye will be projected directly forward, and there will be comparatively little loss of motion. In this position also it characteristically causes early blindness by pressure on the optic nerve setting up atrophy. At the same time, it is wonderful the degree of stretching the optic nerve can suffer without loss of function, if the stretching has not taken place too rapidly, and if no direct pressure be exerted on it. The irregular S shape of the optic nerve will partly account for this.

If the tumor be outside the muscle cone, the eye will be projected in a corresponding direction, as it is crowded to one or other side. The best way to judge of the projection in slight cases is to stand behind the patient and draw up both upper eyelids and compare the eyes. We have next to trust to palpation, and although this is a help in diagnosis, and a pretty sure one, too, if the tumor be in the anterior part of the orbit, yet when the tumor is located at all deeply, it is a very uncertain guide.

Even in the anterior segment of the orbit, one has to exert great caution and care ; for instance, a tumor springing from the anterior portion of the inner wall of the orbit may push the lachrymal bone forward and in front of it, so as to mask the tumor's true nature and real situation. Swanzy mentions a case like this of Mr. Kendall Franks, where a sarcoma from the éthmoid cells spread to the frontal sinus and orbit, yet its soft nature could not be made out, owing to its displacing the lachrymal bone forward in front of it, simulating an osteoma. The point of diagnosis would