

and there was intense supra-orbital neuralgia. The treatment consisted in the constant application of fomentations; a two-grain solution of atropine, twice a day, dropped in' o the eye; and to relieve the neuralgia, a liniment of aconite and chloroform to the head. The bowels were fully operated on by magnes. sulph., and a draught of chloral hydrat at bed time, to be repeated if necessary.

Oct. 17th.—Neuralgic pain much lessened; conjunctiva swollen and very vascular, and a strip of it protruding between the edges of the lids; this strip I freely scarified, and encouraged the bleeding, which gave great relief.

Oct. 18th.—Œdema of lids decreasing; supra-orbital pain is slight; still considerable chemosis of conjunctiva, which was again scarified; discharges but little pus. Ordered argent nit. gr. ii. ad aquæ ζ i., to be dropped into the eye every four hours, and cold water compresses to the lids. From this date he continued to improve, and on

Oct. 22nd.—I found the œdema was much lessened. Chemosis of conjunctiva still great; slight discharge and not much pain. The conjunctiva was brushed over with a gr. xx sol. of argenti nitras., and an astringent lotion of zinci sulph. grs. ii., alum grs. iv, aq. distill. ζ i., directed to be applied every four hours. To continue the cold compresses, and internally a mixture of the citrate of iron and quinine.

He continued to improve, the conjunctiva became less vascular, and the œdema of the lids greatly lessened, so that on the 2nd of November I was able to fully draw upwards the upper lid, and, on doing so, discovered, at the upper and inner angle of the orbit, a small discolored tumor, as if the contents of the eyeball were about escaping at that point. As the conjunctiva was very thin over it, I advised immediate removal of the eyeball, and the following Monday was fixed upon for the operation.

Nov. 4, 2 p.m.—Assisted by Drs. F. W. Campbell, Trenholme and Perrigo, I removed the eyeball. The patient was placed on a couch, and chloroform given; during its administration he was boisterous, and there was considerable muscular spasm continuing for some time. It was thought best not to use a top speculum on account of the tumor, the eyelids being drawn apart by retractors. The conjunctiva, which was still much swollen, being divided around the cornea, and including that portion which covered the tumor at the upper and inner angle, which necessarily made an irregular opening in that membrane. The tendons of the recti were then caught up by a strabismus hook and divided. The globe was then

turned so that the superior and inferior oblique were divided; it was then lifted out, and the optic nerve separated by blunt pointed scissors. This latter part was performed somewhat hurriedly, as we did not think it proper to continue the chloroform, serious symptoms presenting themselves. Very little hemorrhage ensued. A plug of soft sponge was placed in the wound and the lids closed over it, a wet compress applied over them, and a bandage drawn over both eyes. After the chloroform had passed off, and as the pulse was still weak, I gave about an ounce of brandy and got him into bed. I saw him again at eight p.m. Very little pain, pulse normal; did not disturb the dressing. To get pulv. opii gr. i., and repeat in four hours should there be much pain.

Nov. 5th, a.m.—Did not sleep during the night; but little pain; pulse normal. Bandages were removed, and the plug drawn out, which gave great pain at the time, but this soon subsided. Compress and bandage re-applied.

3 p.m., same day. Eyelids slightly œdematous; complains of slight pain; otherwise doing well. Syringed out socket with luke-warm water.

Nov. 6th.—Lids greatly œdematous and slightly discolored. Complains of much pain and discharging a serous fluid. To be syringed out often with a weak solution of carbolic acid; continue cold compresses; and to take pulv. opii gr. i, every four hours,

Nov. 7th.—Found him sitting up in bed. Œdema lessened; but little pain, and slight discharge. Omit opium and continue the other treatment. From this date he continued to improve; and, on the 10th, the œdema was gone, wound looking healthy, discharges more freely, no pain, appetite good. He continued to improve, but owing to the irregular opening in the conjunctiva, the final closure took longer than usual, a small button of granulations requiring to be snipped off twice. He is now entirely free of pain; the conjunctiva is regaining its healthy appearance; will have a good stump for an artificial eye, the muscles acting freely in all directions; and the right eye is stronger in sight than it has been for some time. Health good, and can attend to personal matters.

On examining the eyeball I found intimate adhesions between the sclerotic and tendons of the recti closer than in the normal condition. The optic nerve, in appearance, was healthy, the disease not having extended to it.

On cutting into the eye, found it filled with a soft black substance, having filamentous bands running through it. By the microscope, there was a large amount of granular and pigmentary matter; cells