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iron at the time. We thought a little later we would examine it, but the hæmorrhage recurred a third time. It was evident we had to deal with a very vascular tumour.

I was called out of town next day, and during the day, or early in the evening, a very severe hæmorrhage occurred spontaneously, the orbit still being plugged with sponges retained by a firm bandage pressure. Dr. W. H. B. Aikins was called in, in my absence, and ordered the patient to be removed to the General Hospital. Pressure was re-applied, and, in addition to the ordinary bandages, an elastic bandage was put on. This was removed in a few days. Still there was considerable oozing. On examining the orbit a mass was to be seen which could not be very well defined, but which did not visibly pulsate. We tentatively kept the orbit plugged, using every antiseptic precaution. Hæmorrhage came on again, but not extensively. No improvement taking place and the bleeding recurring, Dr. Teskey tied the right common curotid. Even after tying the artery there was a very severe hæmorrhage. Made an examination, after the hæmorrhage had all ceased, with the finger. I found a large fissure extending along the base of the orbit and obliquely from within outwards, through the top of the orbit.

After a while there was general sloughing of the orbit and upper eyelid, probably due to prolonged pressure. All the tissues came away. A portion of the slough was like the finger of a glove, which apparently was the sack of what appeared to be an aneurism of the orbit. When the orbit was empty the brain could be plainly seen over a space of about two square inches. An artery in its surface being dangerously *en evidence*. Purulent discharge could be seen to make its way forward from the under surface of the brain.

In cleansing the orbit with antiseptic solutions I actually syringed the man's brain.

This man went about apparently in good health. The orbit gradually healed; the skin grew inward and, when last seen, was closing the orbit. The patient went home about the beginning of July, but there was still a tremendous fissure through which the brain was perfectly open to view.

I received a letter from this patient about three weeks ago, in which he said that he was "first-rate." The fissure was closing up, and he said he thought he would be all right.

I have not looked up the literature on the subject. I think it was a remarkable case.

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