

(aseptic) can then be utilized with or without the careful use of a probe or a mirror and speculum. Sometimes tumors, even malignant growths, may thus be found, when they can be removed without sacrificing the eye.

It is necessary also to become satisfied as to the state of the nasal passages by anterior and posterior rhinoscopy, and of the maxillary sinus,—at least by exclusion, before giving the prognosis or resorting to operation. In the case of orbital disease with protrusion and lateral displacement of the eyeball, shown in this photo (see fig. 2),



FIG. 2.—Secondary invasion of orbit by sarcomatous growth.

I declined to interfere because I found the left nasal meatus plugged with a sarcomatous growth which, from the history, antedated the orbital trouble; rhinoscopy also showing that the growth was creeping into the posterior naris of the opposite side. The exploratory puncture which had been already made had given the patient great relief from the pain caused by excessive tension and pressure upon the tarso-orbital fascia. In another case which proved to be schirrus and which was not operated upon, the exploratory incision (left unstitched) also gave marked relief; and although such incisions may favor the more rapid sprouting of growths, the relief they afford is not to be under-estimated, and should be given.

It is worthy of mention that bony growths can be removed with least danger and most quickly by separating them from the seat of attachment rather than by chiselling, etc., at the mass itself, care being taken to first peel off the enveloping membranes,—the “sub-periosteal removal” of Maisonneuve and H. Knapp.

[Since the paper was read (1882) various cases have occurred in the writer's experience to

emphasize several points, *e.g.*, the importance of early correct diagnosis, great benefit of prompt relief of orbital tension or evacuation of pus, and value of exploratory incision, and of early operations. A word as to injuries: In contrast with the well-known risk of fatal result from penetrating wounds of the roof of the orbit, notable instances might be cited of tolerance of large foreign bodies in the socket and the successful removal of good-sized bony tumors. In cases of penetrating wounds of the orbit, careful search should be made for foreign bodies possibly lodged within.]

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LIFE INSURANCE AND THE RELATIONS EXISTING BETWEEN IT AND MEDICAL MEN.

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Life insurance is now one of the principal institutions of the civilized world, whether we view it financially or as a provision to succor and maintain those who depend upon the heads of families for their present and future support as well as comfort and happiness, or to maintain one's self in after years, when unable, from various causes, to battle with life. The history of it is interesting and instructive.

In earlier years annuities were common, and these were granted by Jews and usurers, and extortion and vice of all kinds prevailed. Policies of all kinds were issued, not only for mercantile purposes, but also against wind and weather, against particular diseases, providing safe passes even through purgatory, etc. Intrigue and wars, with pestilence, carried off tens and hundreds of thousands, and there was no provision for those left behind. In its infancy life insurance was conducted in a hap-hazard style, and partook very much of a gambling nature. Often the healthy and strong died suddenly. It is only within the last century that anything like a scientific basis has been established. The observations of medical men and statisticians have deduced the probable duration of human life to an exact period of