

In consistence, they vary, "from dense and firm to soft and fluctuating," being nearly always elastic, "the color is usually yellowish, grayish red or reddish-gray." The nerve, which is frequently increased in length, "on section is distinguished both by a slightly different tint and by its striated appearance."

*Microscopically*, "Byers points out that intra-dural tumours of the optic nerve do not correspond with any one special type of growth, but that there is constantly represented in one and the same specimen, several phases of developing connective tissue. He compares them with the condition found in elephantiasis of the subcutaneous tissues, and uses the term "fibromatosis" to define the general features. There is essentially an over growth of white connective tissue which is protean in character. Where the growth is very gradual, dense fibrous tissue with a few nuclei is formed; where more rapid an almost imperceptible transition to the sarcomatous or myxosarcomatous type is found. These observations agree with those recorded in elephantiasis due to primary obstruction of the lymph-flow. The feature almost invariably described as myxomatous, which is so frequently present, is in reality a simple œdema, due to lymph stasis. This is proved by local appearances and still more conclusively by the absence of mucin, as shown by specific tests. The group of cases which show this œdematous condition forms the main bulk of intra-dural tumours."—Parsons.

"Primary tumours of the optic nerve do not give rise to metastases, and while occasionally local recurrences have been noted, this is easily explained on the well-known fact of the tendency of fibromatosis towards local malignancy.

When primary tumours of the optic nerve cause death, it is, I believe, never because of the spreading backward of the orbital tumour, but through the continued growth of an intracranial portion of the neoplasm which coexists with the orbital tumour and which is not removed at the time of operation."—Byers.

*Symptomatology*.—Exophthalmos is the symptom which is usually observed first and is of special importance from a diagnostic standpoint, since the formulation, by Von Graefe, of the rule that in cases of optic nerve tumours the direction of the proptosis is in the line of the orbital axis, in contradistinction to that noted in other forms of orbital growth, which tend to produce deviation of the globe in one direction or another.

Proptosis is generally slow and painless in development and is as a rule associated with marked loss of vision.