

fistula have formed, the discharge would be muco-purulent and the probe could be passed into the frontal sinus, and simple caries, etc., be thus excluded.]

In *cellulitis, periostitis, etc.*, the early resort to deep incisions carefully made and entering the orbit near its margin, above, below, or at the side, is of great value in relieving the tension and pain; and by promptly giving vent to pus generally saves both sight and eye-ball, if not life itself.

The degree of protrusion of the globe compatible with retention of good vision is sometimes truly astonishing. In cases of intra-ocular growth, when the eye has ceased to rotate about its normal turning point and its movements are limited, perforation of the sclera and invasion of the inter-muscular space have likely supervened, and interference is imperative.

When in injury or inflammation of the eye or intra-ocular growth, œdema, chemosis, with more or less fixedness and perhaps prominence of the eye-ball, there is inflammation of tenon's capsule (tenonitis) and cellulitis is imminent. And if the eye is beyond recovery its prompt removal is indicated in order to prevent cellulitis and other mischief.

It has happened to me time and again to meet with cases of malignant growth which had already reached the condition termed fungus hæmatodes or encephaloid cancer, or had at least seriously invaded the orbital tissues, where the recognition of the primary intra-ocular mischief and timely enucleation would likely have proved radical, and prevented the need of the somewhat formidable *visceratio orbitæ*.

I am satisfied from personal experience that, in cases of malignant orbital disease which seem desperate, material if not radical relief can be given by the operation of emptying the socket, removing periosteum if not bone, with or without the use of zinc chloride paste, etc. Sometimes glioma of the retina gives timely notice of its presence by the bright, creamy reflex from the depths of the eye. Sarcoma of the orbit may spring from the walls or connective tissues, and in adults it is also secondary to that of the choroid.

An early correct diagnosis of intra-ocular growth cannot always be made, even by the

aid of the ophthalmoscope; but, at any rate, if eyes which are blind, painful, and hard were looked upon with suspicion, and as a rule extracted, after a fair trial of proper means, there would be less fatality from sarcoma or other malignant disease. In an eye that was blind, hard and intensely painful which I enucleated eight years ago, a malignant tumor had just penetrated the sclera near the optic nerve. Fortunately all the diseased tissue was removed, and the patient was reported in good health and free from orbital disease several years afterwards.

I show a photo and specimen (in a fatal case) of sarcoma of the orbit in a young subject, in which the growth reached a circumference of twenty-one inches and weighed three pounds.

The question of prophylaxis in malignant orbital disease leads one to advert to another class of cases, in which the disease primarily attacks the lids or superficial parts. Here there is a double reason for an early operation, first, because the sooner done, the less of the normal tissue is lost,—an important point in the region of the eye; secondly, for the reason which applies universally in malignant disease. In subjects of fifty years and upwards, little or no harm would accrue, and much trouble or misery might be saved, were all warts, tumors (not chalazia), and ulcers of the lids treated as if actually malignant or at least in "pre-cancerous" stage. Happily, in some instances, even when the disease is of long standing and has destroyed the lids in whole or greater part and invaded the orbit to some extent, the removal of all the diseased parts gives permanent relief.

At the meeting of our Association at Ottawa, I detailed such a case with, for two years at least, a satisfactory result, no relapse occurring, and might cite others.

Orbital tumors often grow slowly and painlessly, and it is a moot point to what extent the malignant varieties should be interfered with; but as growths vary so much in nature, and if malignant should be extirpated early, it is advisable to employ every diagnostic aid. One which yields pretty certain results without any serious risk, is the resort to an exploratory incision carefully made beneath the brow or perhaps between the lids and the globe; the little finger