

The patient made an uninterrupted recovery and was discharged May 17th, *i.e.* two weeks after the operation. Although diligent search was made for the patient recently, we were unable to find his whereabouts and cannot consequently state his present condition. The last note on his out-patient card, dated May 26th, 1899, was as follows:— "Wound entirely healed leaving a thin V-shaped cicatrix at the outer angle of the orbit; proptosis now very trifling but there remains slight convergent strabismus ( $40^{\circ}$ ) and on movement outwards the left eye approaches only to within 1 cm. of the outer canthus and the patient sees double to the left. Fundus normal, L.V. =  $\frac{0}{24}$  (2), not improved. Some loose oedema of the conjunctiva downwards and outwards."

The extirpated growth represented the enlarged lachrymal gland and was everywhere covered by a thin but firm capsule. The mass measured 35 mm. antero-posteriorly, by 25 mm. from above downwards, and was thicker at the anterior end (20 mm.) than at the posterior end (5.8 mm.), as the tumour tapered off from before backwards. The anterior surface was slightly concave, the external decidedly convex. The tumour had an uneven, in places almost nodular, surface and was of moderately dense consistence.

Microscopical examination showed that the normal appearance of the gland was everywhere obliterated by an overgrowth of typical epithelial cells which tended especially to mass together in certain areas. The septa of the gland were little changed and there was no tendency to any alveolar arrangement.

The growth consisted of a marked atypical development of characteristic epithelial cells and was therefore regarded as *carcinomatous* in character. Dr. Nicholls, Assistant Pathologist to the hospital, kindly examined the growth and arrived independently at the same conclusion.

#### **Systematic Examination of the Excised Eyeball.**

(From the Pathological Laboratory of the Royal Victoria Hospital.)

#### **Case IV.—*Glaucoma Absolutum—Extensive Subchoroidal Hæmorrhage Following Iridectomy.***

The patient, a female æt. 55, had an attack of glaucoma in the right eye in September and November of 1898, and again in January, 1899. The last seizure robbed the patient completely of the sight of that eye.

On examination, the media were found to be entirely clear and the optic disc of a peculiar reddish color and seemed to be moderately cupped, T. + 3.

June 24th, 1899, iridectomy was performed in the forlorn hope of preserving the globe *in situ*. Immediately after the iris tissue had been snipped off the corneal wound gaped and the lens presented through the