him at the Hôtel-Dieu, and we were obliged to send him to the St. Paul's Hospital for Contagious Diseases where he was admitted February 28th. March 5th being in full eruption with scarlatina, varicella was noticed and spread from him to all the other little patients in that ward. From this time, this combination of diseases caused a very serious illness and on March 13th, acute nephritis came on. Two days after endocarditis was diagnosed and on March 20th generalized œdema appeared.

To complete this series of striking symptoms, on March 26th there came on a general œdematous infection of the scalp. In spite of all these complications, his temperature never passed 103° F., and the improvement was such during the month of April that the little patient was allowed to return to the Hôtel-Dieu on the 29th entirely recovered from his eruptive fevers. We then continued to treat the orbital cavity, which had become infected during his stay at the St. Paul's Hospital, removing from it the granulation tissue which had accumulated in the lower part only. These granulations examined under the microscope revealed no trace of sarcoma, and reassured us as to the possibility of a relapse. At the end of a month's time, the wound in the orbit was healed, as was also that in the neck, which had been curetted and to which wet dressings had been applied.

The adenoids having been removed, only the æsthetic treatment of the orbital cavity remained. The upper eyelid being retracted, left the cavity slightly opened, which, aside from causing a disagreeable appearance exposed the patient to infection from the outside.

As the orbit was partly filled with a solid granular tissue, we decided to perform a median tarsorrhaphy which took place on June 4th.

Second operation.—Again under chloroform, we detached the eyelids circularly even to the bony margin. After having trimmed the median part of the meibomian lips for the length of a centimèter, we applied two sutures, preserving the normal position of the ciliary field. Hemostasis being complete, we finished this little intervention by applying a moderately compressive dressing. During the days following we used antiseptic washing, and on the 18th of June, the little patient returned home entirely cured.

We were pleased to observe that the palpebral opening was entirely closed, and in spite of the tarsorrhaphy the orbicular muscle had retained a certain power of action. The orbital depression is but slightly noticeable, and the eyelids are applied directly to the bottom of the cavity.

Is the cure permanent? If we consider on the one hand the rapid development of the sarcoma before removal, and on the other the fact that the cure has already lasted for ten months, we have cause to hope so.