

understood, in the light of cases already recorded, that little or nothing new in this direction remains for present or future observation.

In the matter of treatment, however, there is no rule so firmly established but that much must be left to the judgment and discretion of the surgeon. Injury to the common carotid in the cavernous sinus is no doubt much more common than the records of surgery seem to show. The case I am about to describe is the fourth of the kind I have myself seen, two of which have certainly not found their way into ophthalmic literature.

The first occurred in a man 45 years of age, who was thrown from his horse, striking the head violently on the frozen ground. A few weeks later pulsating exophthalmos gradually made its appearance and steadily augmented for several months. At this time (*i.e.*, after the lapse of three months from the date of the injury) there was enormous proptosis and a large, soft, pulsating swelling over the inner end of the right eyebrow. Here, too, a harsh bruit could be heard with the stethoscope, and the patient was much troubled with a pulsating noise in the head. Ligature of the common carotid was finally performed, but I believe the patient died a few weeks later from repeated attacks of epistaxis.

The second case has been placed on record by Mr. Walter Rivington (*Med.-Chirurg. Transact.*, vol. lviii, p. 183).

The third case was that of a young man who, in a boiler explosion, was struck over the left brow by a large fragment of iron, receiving a depressed fracture of the frontal bone. About four weeks later he came to me on account of defective vision of the left eye. I found the vision of this eye very much impaired, and a pronounced atrophy of the optic nerve. He was under observation about ten days, during which time he had two slight attacks of epistaxis. A day or two later, just as he was about leaving home to visit the hospital, he was suddenly seized with a violent epistaxis and bled to death in a few minutes. The post-mortem showed a depressed fracture of the frontal bone, a fissure extending from this across the left orbital roof, the optic foramen, and body of the sphenoid, directly beneath the cavernous sinus. Here ulceration of the bone had taken place and