the injury, blood and matter discharged very freely through the nostril and mouth. At first the discharge consisted chiefly of blood. This recurred at intervals of a few days, the quantity of blood gradually diminishing and that of pus increasing. After about 2 weeks the total discharge gradually diminished, until finally after about 4 weeks, as nearly as he can recollect, it ceased, with the exception of an occasional discharge now and then of a small quantity of matter. About this time the swelling of the lids began to subside, yet the projection of the globe slowly increased for about 8 weeks. The eye was very sensitive to light, and the movements of the globe very painful and limited in extent. There now appeared below the eye a point of tenderness, which soon discharged matter very freely, daily for a few weeks, and after a short time, up to the present, at intervals of about a fortnight.

At present the eye-ball projects considerably, nearly to the level of the brow, and is displaced downwards, so that the pupil occupies a lower level than that of the other eye. The upper lid is drooping, swollen a little and coursed by enlarged vessels. The cellular tissue above the globe, especially towards the inner corner, is thickened; the eye itself sensitive to light. Vision 20-40 Reads No. 3 J. Movements laterally nearly equal to the other eye; but upwards, motion is very much restrained and painful, especially across the brow. The lower lid is drawn downwards from adhesion of the integument and connective tissue to the superior maxillary bone at the orbital border where the fistulous opening exists. On pressing upwards with the forefinger beneath the orbital border of the frontal bone and over the frontal sinus there is very decided tenderness, not from pressure upon the soft parts but when it is made upon the orbital plate of the frontal bone. The probe enters the fistulous opening about an inch directly backwards, when it comes in contact with the globe, and cannot be passed beyond. Warm water injected through the fistulous passage always come out through the nostril of the corresponding side. In its passage he always said he felt it beneath the brow, in the sinus. The tension of the globe is above the normal. On testing for double images they were found to be 2′apart when the light was placed 10′distant. The ophthalmoscope shows a slight fulness of the veins of the disc.

That there was originally an abscess of the frontal sinus emptying itself through the middle meatus of the ethmoid bone into the nasal cavity, I think there can be little doubt. The persistent tenderness upon pressure of the orbital plate of the frontal bone shows that periosteal inflammation still exists, and that it is at this spot where destruction has occured of the thin bony partition between the orbital cavity and the frontal sinus. Over the orbital part of the ethmoid *no* tenderness is produced upon pressure.

With a small hard rubber syringe, having a long fine nozzle, such as is used by dentists, I daily injected warm water with a few drops of tincture iodine in it, increasing the quantityof the latter from day to day. Internally I gave iodide potassium 5 grs ter die. On the 14th June the eyes were tested for double images which were now found to be 11′apart when the candle was placed 10′ distant. The mobility upwards of the eye is increased and is without pain. Sensitiveness to light very much diminished. The projection of the globe remains about the same. He was now obliged to leave for home, but he was advised to continue the injections and the medicine. I have heard from him twice since. The last time he writes that he has been at work about a month and feels better than he has been for some time. The discharge from the fistulous opening is less than it was, and the two lights are becoming still nearer, and that the eye does not project so much as it did.

Since this case came under my care I have received he report of one, very similar in many respects, that was under the care of Dr Noyes of N. Y. In his case, which was under observation for more than two years, the disease began as a chronic orbital periostitis, resulting in an abscess which produced erosion of the thin bony wall covering the frontal sinus. The Dr. passed a knife down to the depth of about $\frac{3}{4}$ of an inch into the cellular tissue at the upper and inner angle of the orbit, and pus was discharged for a long time, leaving a sinus into which he succeeded in passing a probe into the opening in the bony wall of the orbit. He was able to inject water into the frontal sinus, but it did not pass into the nasal cavity. He succeeded in arresting the discharge with daily injections of water diluted at first with tincture myrrh, and then, with water to which a little chromic acid was added and finally the fistula healed.

The second case is one not so rare among those engaged in seeing cases of eye disease: viz., detachment of the retina—a disease which more especially occurs among those who are short-sighted. Andrew C., aged 60 years. Sight always good, except occasionally he has what he calls a "nervous glare" coming over his sight. Always able to read