

for the safety of the patient. Some days after, chloride of zinc paste was applied and the orbit thoroughly cleaned out, most of the periosteum being removed in this manner.

It is to be sincerely hoped that the operative procedure resorted to may have been undertaken sufficiently early to ensure the non-recurrence of the growth and that no metastatic secondary deposits have taken place in the internal organs, a contingency always to be feared in those cases.

There are about 25 per cent of the cases cured by early enucleation of the eyeball, before any visible affection of the tissue of the orbit has occurred. Some few cases have been cured after, the growth has become distinctly extra-ocular. So that the operation of removing the contents of the orbit is justifiable even in the third and most serious stage of the affection.

The metastasis to distant organs is supposed to take place by the direct entrance of the cells or germs into the vessels in the diseased area, whence they are carried to and form secondary growths in different parts of the body, most frequently in the liver and lungs.

Just a word as to the diagnosis. In the majority of such cases, Nettleship says, a guess can only be made at the truth and therefore "a tumor should be suspected and excision of the eyeball urged in the following cases:

1st. When an eye that has been gradually failing or blind, becomes painful and congested, exhibiting all the symptoms of acute glaucoma, when the disease does not exist in the fellow eye.

2nd. Blind eyes with normal or diminished tension, presenting inflammatory symptoms are best excised as possibly containing tumors.

3rd. In all cases of extensive detachment of the retina, confined to one eye, without history of injury or evidence of myopia, it is best to warn the patient of the possibility of a tumor, and a careful watch be kept as to the earliest appearance of inflammatory symptoms."