

follow in the majority of cases, as the patient's condition is usually so bad that a prolonged operative procedure cannot be safely undertaken. Of six or seven cases of volvulus personally seen by the reporter, the case reported this evening was the only one saved. It is difficult to understand how volvulus occurs when the intestine is free, but the mechanism is more simple when a portion of the gut is adherent, for we can readily understand how violent peristaltic movement, when suddenly checked by an adhesion, might throw a loop of intestine around this adhesion. The recorder's opinion was that in the case reported this evening the band had probably lasted for several days, gradually constricting the intestinal lumen, but that the volvulus had perhaps been present only a few hours, as there was no evidence of the formation of clot in the mesentery veins.

OSTEOMA OF THE ORBIT.

DR. WILLIAM J. TAYLOR presented a bony growth removed from the left orbit of a boy of sixteen. The operation was done at St. Agnes's Hospital on December 21, 1903. The boy had been under observation and treatment at the Eye Department under Dr. Shoot and Dr. Perkins, who have a very elaborate history of his ocular conditions. A careful X-ray study was made also of his head, as he desires to make a more detailed report of this case in the future. The left eyeball was pushed forward, downward, and outward by a mass growing in the orbit. The boy's mental condition was gradually becoming cloudy, he was irritable, his whole disposition had changed, and he was totally unlike his former self. There were, however, no definite symptoms which could localize any growth in the brain, nor had there been any palsies other than the difficulty with the ocular muscles, which seemed to be directly due to local pressure.

An incision was made along the upper border of the eyebrow, exposing a hard bony mass, which seemed to fill the whole of the orbit. The edge of the orbital ridge was thinned out and blended in with the outline of this irregular mass of bone, which was so hard and dense, that a chisel or gouge could make no impression upon it whatever. It was, therefore, necessary to cut away the whole of the orbital ridge, and in so doing the frontal sinus was opened, from which a large quantity of glairy material exuded.

It was now found that from pressure the whole of the upper wall of the orbit had been obliterated, and the bony mass extended through the nasal cavity and into the right frontal sinus. After a good deal of difficulty, and the cutting away of a large portion of the overlying bone, it was possible to remove the mass, which is of irregular shape, and measures two and three-fourths inches by two inches. It was very dense and entirely unattached, for it remained simply in place, held by overlapping bone. Its removal left an enormous cavity and the exposure of a large area of the dura; as the pressure had entirely destroyed the borders of the orbit, there was no evidence of disease of the bone, simply erosion from pressure.

He stood the shock of the operation very well, but the wound became infected from the nasal cavities, which were exposed, and death occurred in a week from septic meningitis.

DR. DE FOREST WILLARD mentioned the case of a woman operated upon some years ago for osteosarcoma of the nose and orbit. He removed the lachrymal, nasal, ethmoid, and vomer, and even then stopped short of the full extent of the growth. The patient died eight days later of septic meningitis. The tumor probably sprung from the ethmoid. The eye was not displaced.