its humidity and polish. This circumstance was owing, no doubt, to the integrity of the palpebral glandulæ, which, having separate excretory ducts, continued to supply the eye with a sufficient quantity of the lachrymal fluid to perfectly lubricate its surface. It is therefore evident, that whenever it is necessary to extirpate the lachrymal gland, there need be no fear entertained with regard to the integrity of the functions of the eye, if the glandulæ of the superior palpebra remain intact.

52. *Cyst in the orbital cavity.* By Dr. DORNBLUTH.—A girl, 22 years of age, was seized with a rheumatic affection of the eye, for which antiphlogistic remedies were employed. These relieved the symptoms, but in a few weeks the eyelids swelled, the eye became red and painful, and resisted all modes of cure. About four months afterwards she consulted Dr. Dornbluth. The pain in the eye was then so acute as to prevent sleep, and her body had wasted considerably. The eye was pushed out of its situation towards the temporal region, so as to be beyond the orbit. The eyelid, though stretched to its utmost extent, could not cover more than the half of the cornea; which, however, still retained its transparency. The iris was dilated and immovable, but the anterior chamber of the eye appeared natural. The most attentive examination could not detect the slightest alteration in the deep humours of the eye. Vision had been failing for about four months, but now the brightest sun's rays produced no effect on the eye; there was total blindness. The sclerotic conjunctiva was very red, swollen, and resistant, and formed a considerable projection. Behind and on the nasal side of the eyeball, projected a fleshy mass, of about the size of an egg, and extending from the middle of the nasal to the superior maxillary bone. This fleshy mass was exquisitely tender, was covered with a smooth membrane, and discharged copiously mucous fluid and tears. The girl's health was seriously affected; she was feverish, had thirst, and loss of appetite.

As the nature of the tumour was not at first recognized, and topical applications gave no relief, a puncture was made in it, from which a considerable quantity of transparent serous-looking fluid escaped, and continued more or less for two days, by which time a notable diminution of its size was observed. The aperture was then enlarged, and it was recognized that the tumour consisted of a cyst about two lines in thickness and two one-half inches in depth, which filled the whole of the orbital cavity and pushed the eyeball forwards. The cavity of the cyst was filled with lint, an abundant suppuration ensued, and the fifth day thereafter the membrane of the cyst was thrown off. The tumour diminished rapidly in size after this, and the wound healed over in eight days. The eyeball regained its normal position, and was again covered by the eyelid, which moved freely over it, but the eye never recovered its sensibility to light.—*Edin. Med. and Surg. Journ.*, Jan. 1844, from *Archives Générales*, April, 1843.

MIDWIFERY.

53. *Artificial rupture of the membranes to accelerate delivery.* M. CHAILLY HONORE, communicated to the Medical Society of Paris a case of artificial and premature rupture of the membranes before the os uteri was dilated, in a case of threatening suffocation.

It has been laid down as a rule by obstetrical writers, that the membranes should not be ruptured, except when the os uteri was dilated or dilatable. M. Chailly thinks that, in some circumstances, it is advantageous to effect this rupture before the dilatation of the os uteri; but only in vertex presentations.

A woman affected with pneumothorax, and threatened with suffocation, had been twelve hours in labour, without any progress being made in the dilatation of the os uteri, notwithstanding the frequent and active contractions of the uterus. The head of the child presented. M. Chailly attributing the retardation of the labour to the resistance of the membranes, ruptured them. Ten minutes