more than is shown in Fig. 3. The lids closed down well and firmly behind the globe, which was almost entirely anterior to the lids. Unfortunately on account of the movements of the patient, a photograph of this condition was not obtainable. Upon replacing the eye, the Blepharospasm at once ceased.

Operation.—No speculum was required in performing enucleation, the eye being sufficiently far forward to allow of the separation of the conjunctive and of the diversion of the tendons of the ocular muscles without its use. The conjunctiva was adherent from the sclero-corneal margin ½ inch backward in all directions. Upon dividing the muscular attachments, the eye came well forward allowing of visual inspection of its posterior portion and the optic nerve, which was considerably elongated, (See Fig. 4) in color yellowish, much thickened and soft. At the end of the optic nerve and continuous therewith, a resistent mass could be felt rigidly adherent to the apex of the orbit. This was divided as close as possible to its point of attachment. The sensation, when dividing it with the scissors was, as though a piece of cartilage was being cut through. It was impossible to eradicate every vistage of the neoplasm as its posterior limits could not be determined. Hemorrhage was insignificant, and

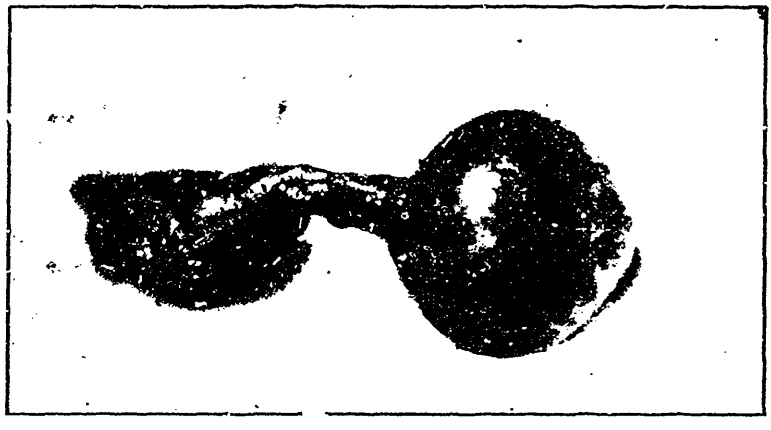

FIGURE FOUR

eye was dressed in ordinary way and recovery was uneventful. Three weeks after operation, patient was given an artificial eye, the wearing of which markedly lessened the ectropion of the lower lid and improved his appearance greatly.

I am indebted to Dr. Gordon Bell, Provincial Pathologist, for the following report on the eye and growth submitted to him for examination.