

removed, leaving the scleral sac quite bare. The scleral and conjunctival edges are now united with sutures.

The advantage of this operation over enucleation is not as great as might be thought for, and is now seldom practised.

The third method, Mules' operation, has taken the place of evisceration. This operation is evisceration with the addition of placing a glass ball inside the scleral sac, and then uniting separately the edges of the sclera and conjunctiva.

The fourth, optico-cilio neurotomy, is the most difficult of performance. It consists in dividing the conjunctiva, if for the right eye, over the internal rectus. Then, after dividing the tendon, incising all the tissue back to the optic nerve. A pair of scissors is now passed well back along the nerve so as to divide it one inch or so from the eyeball. The eyeball is now turned about so that the cornea points backwards towards the apex of the orbital cavity, and the severed optic nerve points out between the eyelids. The nerve is now divided close to the sclera. At the same time the greatest care is taken to divide completely each ciliary nerve. This latter is difficult to perform fully; it is so easy to overlook a nerve, which is small, and when drawn tight sinks into the sclera so as very easily to escape notice. Also the bleeding, if not properly managed, will cause much after trouble. After this it is necessary again to turn the eyeball about and place it in the orbital cavity so as to be well-covered with the eyelids. If the operation has not been perfectly done, this may be found very difficult or perhaps, impossible at first, and thus the eye is exposed. As you can easily understand this is the most difficult of the four methods given.

Enucleation is apparently the best operation in certain forms of lost diseased eyes, as sarcomatous growths, tumors, panophthalmitis. Many also favor it because it is thought more fully to lessen the danger of sympathetic ophthalmia, and also because it is so much easier to do. Optico-cilio neurotomy, if properly performed, was thought by some oculists to be as safe; but recently some cases of sympathetic ophthalmia, some time after the operation, have made them alter their opinion. However, I think, with a large piece of the nerve removed and the full division of every ciliary nerve, the protection is as great. However, the ease with which a ciliary nerve can be overlooked is one of the drawbacks. Mules' operation is undoubtedly the operation in that class of lost eyes, when the effect desired is that the glass eye, when placed in position, be made to resemble as much as possible the normal eye, in other words where appearance is one of the great objects. Some oculists condemn