

half an inch and deviates slightly upwards and outwards, its movements are restricted in every direction and the closed lids cover it completely. Tension is normal. Upon attempting to pull up the upper lid, the eye at once becomes dislocated forward between the lids, which close down spasmodically behind it; its anterior 4-5 being exposed to view. The patient suffered great pain during the time the globe was dislocated and made immediate and frantic efforts to replace it, which he succeeded in doing, without difficulty. He absolutely refused to permit of examination by palpation or with the ophthalmoscope, evidently dreading the possibility of a recurrence of the dislocation. He submitted, however, to being photographed (See Fig. 1.) which gives an extremely good idea of the extent of the proptosis and the position of the eye.



FIGURE ONE.

Patient was sent to the Winnipeg General Hospital to be kept under observation and was advised that an orbital tumour was present, which should be removed. Operation and further examination were, however, refused and he returned home after two days stay in the hospital.

In December 1906, he again presented himself for treatment, with the request that, whatever measures were deemed necessary should be adopted without delay, as the eye was more prominent and was causing increased trouble, such as headaches and lachrymation, than when last examined.