with soap and water, then both these and the entire conjunctiva with perchloride solution. The patient must be anæsthetized, and all the instruments used are to be thoroughly aseptic, as well as everything else likely to be used about the eye. As for the operation, it is commenced by dividing close to the ocular attachment, either internal or external rectus. With an ordinary fixing forceps the eye is then rotated strongly outward or inward as the case may be, and the closed blades of a pair of blunt-pointed excision scissors are carried far back, nearly to the apex of the orbit, along the optic nerve; this is then divided about half an inch behind the globe. There is then no difficulty in further rotating the globe till the ocular end of the nerve comes into view, so that it may be cut off close to the eye-ball and the resected portion lifted away. Bleeding may be pretty free at first, but is readily checked by pressure of an aseptic morsel of sponge carried with the fixing forceps to the space behind the eye. When bleeding has pretty well ceased, the deep end of the nerve is syringed for a few minutes with solution of perchloride (1–2000). Finally, the retracted tendon is fished up with a small double hook and reunited by a central and two lateral points of suture, and the eye dressed with antiseptic dressing. It is an important point not to pass the sutures through the conjunctiva on the scleral side of the wound. I use fine needles and No 2 silk. Done in this way only a moderate reaction follows, and the eye is practically well by the fifth day, when the stitches may be removed.

In the second class of severe injuries (class *b*) the eye-ball is soft from large loss of vitreous, etc., and the sclerotic cavity is more or less filled with blood, under these circumstances vision being hopelessly lost. I resort to immediate evisceration, first cutting away the cornea and enough of the sclerotic on either side to make a pointed lozenge-shaped aperture. This will admit of inserting an artificial vitreous. After wiping out all the contents of the sclera, and waiting until bleeding has entirely ceased, the glass globe may be inserted and the transverse wound in the sclerotic united with four black silk sutures (No. 2 iron-dyed); a conjunctival suture may also be placed at either angle. Finally, the conjunctiva is again thoroughly washed with per-