edge stitched to the upper lid (to form the outer canthus) and to the ocular conjunctiva, and at its inner free end to the apposed part on the side of the nose. To restore the inner canthus and upper lid another horizontal flap was made across the root of the nose, and its free end then drawn over and carefully united to the raw vertical edge of upper lid by a twisted suture and stitches. Strips of plaster, cotton wool and bandage were then applied. Both flaps united satisfactorily. Grafting was done on the raw surface below the lower flap to lessen cicatricial contraction, and some suspicious looking tissue near the site of the sac afterwards destroyed by chromic acid.

Five weeks after the operation (Aug. 28), the new part of upper lid was well back in position, and the patient could just uncover the pupil so as to see straight forwards, and could read with facility. The eye was comfortable, though there was some epiphora. A microscopic examination by Dr. Zimmerman confirmed the diagnosis of epithelioma.

On several occasions during the year a small growth appeared about the inner canthus, yielding at once to treatment.

P.S.—Jan., '81. There has been no sign of relapse, apparently, during the last six months.

CASE 4.—*Epithelioma of Eyelids. Plastic Operation.*

T. C. D., æt. 51, was admitted into the Andrew Mercer Eye and Ear Infirmary, Dec. 19, '79. The patient ascribes his affection to a burn caused by molten lead splashing into his eye five years ago. The sore would not heal, he says, but remained as a red lump with a white top near the caruncle for one year, when it spread to the lower lid. Treatment by caustics was tried ineffectually. Eighteen months ago, epithelioma was diagnosed after a microscopic examination. One year ago the side of the nose was invaded, the ulceration creeping very slowly and painlessly.

Present condition.—The inner fourth of the upper lid, nearly to the brow, is eroded and perforated and surrounded by a hard, raised border; and there is also erosion of the inner canthus, lachrymal sac, and inner two-thirds of the lower lid. The globe itself is intact, though the conjunctiva bulbi at the inner and lower side has a doubtful look.

On Dec. 27th the following parts were cut away: the inner three-fourths of the lower lid and inner two-fifths of the upper, all the lachrymal sac and some orbital tissue behind it, part of the ocular conjunctiva, as well as a square piece from the side of the nose down to the periosteum. A large flap was then made reaching from the side of the nose to the malar process, $3\frac{1}{2}$ inches long by $1\frac{1}{2}$ inches wide, and was slid up against the eyeball, its upper edge being stitched to the conjunctiva bulbi, and its free end in position at the root of the nose. To repair the upper lid a flap was taken from the top of the nose and the forehead, and then turned horizontally, the original lower edge being fastened to the vertical raw edge of the upper lid by a pin and three sutures after the fibres of the orbicularis muscle had been divided at the outer canthus to allow the lid to give towards the nose. The adjacent edges of the two flaps at the root of the nose were also stitched together, and the upper edge of the upper flap and the skin under the brow. A pad was put on the lower flap to keep it in contact with its bed, and supporting straps, cotton wool and bandage applied. On the third day all the dressings were removed. The flaps looked well; vaseline compress and straps re-applied. On the fourth day no pain or inflammatory reaction present; no discharge from orbit; took out pin and some threads. On the fifth day removed the rest of the stitches, putting collodion across the upper lid before all were cut out. Subsequently, put twelve grafts on the raw surface below, but with indifferent effect; also had to destroy sprouting granulations at the site of the sac. The patient was discharged January 28th, '80, the parts having healed.

On July 27th he was re-admitted, and the rest of the lower lid cut away, mainly to relieve his own anxiety. A canthotomy was also done, and division of external palpebral ligament to render upper lid lax and remove discomfort from friction.

August 20th, patient discharged. The inner canthus has cicatrized back to the plane of the right. There is some annoyance from lachrymation, for which exirpation of the lachrymal gland may hereafter be done.

P.S.—Jan., '81. Patient reports no relapse to date.