unusually small size and extremely sluggish, responding almost imperceptibly to the stimulus of light; the iris was throughout of a dusky gray color, excepting at the lower part, from near the margin of the pupil, where it was of a blackish-brown color and pushed forward so as to be in contact with the cornea at its lower and outer edge.

Upon dilating the pupil with a strong solution of atropine I had no difficulty in diagnosing a melano-sarcoma of the choroid, as the tumour could be seen occupying the lower third of the eye; although there was an incipient cataract of the lens. The ophthalmoscopic appearance of the eye was very beautiful, as the retina could be seen detached from the choroid and stretched tightly over the tumour



throughout its extent, its vessels being seen with great distinctness. The fundus and the disc were apparently perfectly healthy. I advised immediate enticleation of the eye, and the operation being consented to, the patient returned to the hotel, where I placed her under æther, and assisted by my friend, Dr. Hamilton, and her husband, I removed the eye in the usual manner; great care being taken to divide the nerve as far back as possible. Upon making a horizontal section through the middle of the eye, just below the optic nerve, I found the tumour to occupy its lower third, and to consist of two lobes, the larger lobe being about four-fifths of the entire size of the tumour, commencing about four lines below the disc and extending forward to the iris, which it pushed into close contact with the cornea, thus obliterating the lower part of the anterior