

of its doing so. Hence the importance of diagnosing in what cases of injury, Sympathetic Ophthalmia is likely to follow, and the necessity of at once removing such injured eyes which are prone to produce it, and especially if they are already lost for all visual purposes.

Before proceeding to a description of the operation of enucleation, with which I will bring this paper to a close, I would add that in my opinion every surgeon might be qualified to perform this operation. It is not nearly so formidable as generally supposed, and the hæmorrhage is usually very slight. The wound is generally perfectly healed in six days, and an artificial eye may be worn in less than three weeks. The eyeball alone being removed, the conjunctiva and muscles form a cushion upon which the shell of the artificial eye rests, and which enables it to move in concert with the other eye.

The patient is placed on his back and brought under the influence of chloroform. The eyelids are widely separated by means of the spring (self-retained) speculum. The conjunctiva is seized near the cornea with a pair of fixation forceps; the raised portion is snipped with a pair of strabismus scissors; the points of the scissors are introduced through the wound, and the conjunctiva is dissected up for some distance on each side of the wound, and following the circumference of the cornea. This loosened portion of conjunctiva is detached close to the cornea by several snips of the scissors. A portion of conjunctiva on the opposite side of the cornea is seized, dissected from the sclerotic, and detached from the cornea in the same manner. When this part of the operation is complete, there should be a circular incision through the conjunctiva close to and surrounding the cornea. This opening is sufficiently large for the passage of the bulb. The recti muscles are successively picked up with a strabismus hook, and divided with the scissors. It is an advantage to use two hooks, the one being introduced before the other is withdrawn. The optic nerve is usually severed with a pair of scissors, but I consider it an improvement to divide the nerve with a blunt-pointed bistory. The eye-ball is made to advance through the conjunctival opening, and seized with the thumb and finger; the blunt-pointed knife is introduced on the nasal side, far back into the orbit. The nerve can be readily felt, it being slightly on the stretch. It is divided, and as the eye is being brought forward, the oblique muscles are divided. As a rule, but little after-treatment is required. One fold of wet lint should be kept over the eyelids for a few days, and the bloody discharges from time to time removed.