CLINICAL NOTE ON ADVANCEMENTS.

BY

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WHEN we advance a tendon we are apparently content if it does not slip, and if it affixes itself firmly to the sclera somewhere or everywhere. But is this enough? Might we not have some choice as to the position of the fixation? I think so; and have for some time endeavoured to provoke the tendon's attachment to the original line of insertion. After snipping down the stump with scissors, which lessens the unsightly bulge, I cauterise the line of the original insertion very rapidly, so as not to let the heat have time to penetrate the globe, taking care at the same time not to disturb the endothelium behind the insertion. Indeed, a little animal membrane, or melted hard animal fat, could, if necessary, be placed behind it, to prevent adhesion, but I have not done so yet. Our object should be to retain the normal "arc of contact," so that the tendon can unwind itself from the globe, as much like Nature as possible. The cautery increases the firmness of the adhesion, at the same time.

Although I may not yet have hit upon the best way of doing it, I believe some attempt at reproducing the conditions of Nature should be better than leaving the adhesions to chance. Moreover, in all "tucking" operations for the recti, surface cauterisation of those parts of the tendon about to be brought in contact, will, I believe, be found to give a firmer and more permanent cicatrix than scraping the tendon.

 NORTH OF ENGLAND OPHTHALMOLOGICAL
SOCIETY.

A meeting of the Society was held on Saturday, October 21st, 1916, at the Royal Infirmary, Manchester, the President, Major A. Hill Griffith, in the chair.

Among the cases shown were the following:—

By **Major Hill Griffith**:—(1) A woman, *æt.* 33 years, with proptosis of the left eye, movements of the eye free in all directions, a distinct new-growth palpable at the back of the eye. Points of interest: there was no perception of light, and the pupil did not react to light, nevertheless the optic disc was of good colour and the retinal vessels were full. (2) A young woman with spring catarrh. She first came for treatment eight years ago. After trying carbon-dioxide snow without effect, radium was applied with excellent results. The patient remained quite well for three years. Two months ago

she came with a slight return of the disease, for which radium is again being applied. The conjunctiva of both eyes now looks quite healthy and normal. (3) A soldier, who had had one eye removed for injury with shrapnel and in the remaining eye showed a glistening piece of metal just below the macula. V. less than 6/60 and J. 16. The eye was quiet and showed no reaction of any kind. The piece had been in the eye for over two months. On the question of treatment, the members present considered it would be best to leave the case alone. (The galvano meter afterwards showed the metal to be non-magnetic.)

By **Dr. Gray Clegg**:—(1) A case of persistent hyaloid artery complete from the disc to the centre of the posterior surface of the lens. The posterior third was very dark, and appeared to contain blood. (2) A case of tuberculous iritis in a boy, *æt.* 16 years. The patient was admitted into hospital in June, 1916, with keratitis punctata and many grey nodules on each iris. No details of the fundus could be made out. R.V.=J.19. L.V.=Hand movements. He was treated with tuberculin emulsion and received nine injections. In four months there was only one nodule on the right iris and none on the left. R.V.=J.16. L.V.=J. 20. (3) A case of tuberculous iritis in a boy, *æt.* 6 years. Two years ago the left iris was covered with numerous tuberculous nodules. Under treatment with Mehnarto's contratoxin the nodules had entirely disappeared. The iris, however, was lustreless, and the pupil closed. The right eye was healthy.

P. J. HAY.

ABSTRACTS.

I.—QUININE AMBLYOPIA.

Weeks, John E.—Report of cases of quinine amblyopia, with remarks. *Trans. Amer. Ophth. Society*, Vol. XIV, Part ii, 1916, page 593.

Weeks, of New York, reports three cases (given in abstract below) of amblyopia following the administration of quinine or of its derivatives.

1. A lady, aged 51 years, received about 315 grains of quinine hydrochloride *per rectum*, and although some of the liquid escaped during the injection, it was thought that about one-half of the quinine was retained. Fourteen and a half hours afterwards, the patient was found to be blind, with dilated pupils. There were complaints of tinnitus and deafness. When examined by Weeks twenty hours after the injection of the quinine, the vision and pupils were as noted.