cysts or oedema, and should prove of great value in research, as in detachment of the retina. Professor Goldmann also gave a short talk and demonstration on the aqueous veins which he had discovered shortly after, but independently of, Ascher.

We left with the happiest memories of the quiet courtesy of Professor Goldmann, and with great respect for his ingenuity in diagnostic instrument design.

EYEBALL ROTATING FORCEPS

BY

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EVERY ophthalmic surgeon is aware of the difficulty of rotating the eyeball downwards without obscuring his view. Whether he himself or his assistant holds the conjunctival forceps, the hand holding the instrument comes up and gets in the way.

The idea occurred to me to make a forceps as illustrated. Each blade terminates with a bent arm which is toothed for catching the

conjunctiva. The conjunctiva is seized at 6 o'clock and the spring clip fastened. The forceps then lies on the sterile towel on the patient's cheek. By simply pulling the forceps down, the eyeball can be rotated downwards, the view being uninterrupted. Many uses will be found for this instrument. With it, a muscle suture is unnecessary. It always occupies a place on my operating table.

The illustration was kindly provided by Messrs. Down Bros., who made the forceps. It is also manufactured by Messrs. Weiss and Son.