- (11) **Van Lint (Brussels).—Muscular advancement with reinforcing suture at its insertion.** (*Avancement musculaire avec suture de renforcement à l'insertion du muscle.*) *Bull. et Mémoires de la Soc. française d'Ophtal.*, 1919.

(11) The author begins by stating that a successful advancement operation must fulfil two points; it must involve no danger to the eyeball and must insure firm union at the new insertion. In the above operation the first point is assured by making use of the tendinous insertion close to the globe instead of penetrating the sclerotic, and the second is fulfilled by making use of two different sets of suture, one uniting the muscle belly to its old insertion, the other its cut end to the conjunctiva.

The operation, which is illustrated by diagrams, is as follows: a horizontal section is made of the conjunctiva over the muscle and the latter is laid bare for a full centimetre and placed over two strabismus hooks. A catgut suture (No. 0) armed by two needles is passed from behind forward through the tendinous insertion as close to the sclera as possible and then passed through the muscle belly as far back as considered necessary, also from behind forward. The muscle is now seized with advancement forceps about 5 mm. from its insertion and divided; it is drawn forward while the eyeball is rotated to meet it so that the belly of the muscle is brought over the site of insertion and the catgut suture is then tied and cut short. The cut end of the tendon now lies, of course, close to the limbus and is secured by two silk sutures, one through the upper and one through the lower border. These are doubly armed and brought out through the conjunctiva at the 7.30 and 10.30 position of the globe. A third suture brings the cut edges of the conjunctiva together.

A binocular bandage is applied, glasses are worn on the sixth day and on the eighth the sutures are removed. The dressings should be changed every day and over-correction should be the rule. No tenotomy should be done at the time and is rarely necessary afterwards.

CHARLES KILLICK.

CORRESPONDENCE

"TROPICAL OPHTHALMOLOGY"

To the Editor THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—In his all too generous review of my book on "Tropical Ophthalmology," Colonel Herbert draws attention to the fact that in the description of the Madras cataract operation, no reference

has been made to the necessity of moistening the cornea during operation, and thinks that the keratitis mentioned on page 262 may be due to the omission of this very necessary precaution in tropical work. I should be very sorry to give the impression that I do not value the moistening of the cornea. I am wholly in agreement with him on the subject, and it has always been the custom in Madras to use an irrigator very freely for this and other purposes.

I have broken my rule of never answering reviews, driven by the fear that the impression conveyed to so able a critic as Colonel Herbert might be shared by others of less experience, and so lead some beginners to omit a measure on whose necessity I am absolutely in agreement with my reviewer.

Yours truly,

R. H. ELLIOT, Lt.-Col. I.M.S., Retired.

Oct. 31st.

MODIFIED ANGELUCCI'S FIXATION

To the Editor of the BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIR,—I have now adopted, as a routine measure, a modification of Angelucci's method of fixation in cataract and other intra-ocular operations. I pass a silk suture through the superior rectus tendon, and bring the two ends separated on to the forehead, where an assistant fixes them with his fingers; the lid is thus held firmly out of the way while the eye is rotated downwards, it is impossible for any pressure to be put on the eyeball, the suture can be released instantaneously without the manipulation necessary with a speculum, which can be dispensed with, and while fixation forceps can be used for the section in cataract, they are unnecessary afterwards.

Yours faithfully,

LANSDOWNE PLACE, HOVE,

October 17, 1920.

W. H. BRAILEY.

BOOK NOTICE

Clinical Ophthalmology for the General Practitioner. By A. MAITLAND RAMSAY, M.D., with foreword by Sir JAMES MACKENZIE, M.D., F.R.S. London: Henry Frowde, Oxford University Press, and Hodder & Stoughton. 1920. Price 42s. net.

In undertaking to write a book on "Clinical Ophthalmology for the General Practitioner," the author set himself a novel task and one not free from difficulty. Whether or no his attempt has been successful, i.e., whether he has given the man in general practice