CLINICAL NOTE ON ADVANCEMENTS.

BY

ERNEST E. MADDOX, M.D., F.R.C.S.Ed.

BOURNEMOUTH.

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