the anterior hook and one behind the posterior. The intervening cut on the opposite side of the tendon is done between the two hooks; this proceeding, being subconjunctival, does not require sutures, and the dressing is only applied for 24 hours to arrest haemorrhage.

A NEW STRABISMUS FORCEPS

BY

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It is well known that in operations for advancement Prince's forceps have been used for many years to hold the muscle involved. In my opinion these forceps do not permit of that light ease of adjustment which is desirable, nor are they easily manipulated.

Messrs. Weiss have constructed for me a simple pair of strabismus forceps based on the well known Spencer Wells' artery forceps—modifications include much lighter shanks more suitable for ophthalmic work, whilst the jaws angled on the edge at an angle of 45° are capable of light but variable pressure. These jaws are flexible and grooved in a direction parallel to the muscle fibres so as to avoid crushing them.

This instrument has been in use at the Royal Eye Hospital for several months and the main advantages have been found to be in the speed of adjustment and manipulation of the muscle which is subjected to little or no trauma.

ANNOTATION

Preventible Blinding Diseases of Childhood

This is the title of a series of three Dr. Elizabeth Matthai lectures given in the University of Madras at the end of last year by Lt.-Col. R. E. Wright, C.I.E., and printed in the journal of Madras University. Naturally the lectures deal with such affairs as primarily affect the population of the Southern Presidency and are a useful addition to our knowledge.

The first lecture deals with Deficiency Disease and Trachoma. The deficiency disease which accounts for so much preventable blindness in children in Southern India is the avitaminosis known as keratomalacia. Wright gave his audience a good account of the signs and progress of the disease. The main deficiency in the diet concerns vitamin A, but vitamins B, C and D are possibly also concerned. Wright estimates that approximately three per thousand of his hospital cases in the year investigated, which showed partial blindness of such a degree as seriously to interfere with the earning capacity in after life, were due to keratomalacia. Treatment by crude cod-liver-oil has proved the most serviceable method in his hands, and he finds that a small dose in the form of an emulsion (for small children, $7\frac{1}{2}$ minims) usually works well. In very marasmic infants who are too ill to take cod-liver-oil by the mouth or to tolerate it by the intestinal tract it has been found possible to save life by wrapping the child in a flannel binder soaked in cod-liver-oil.

Trachoma was linked with deficiency disease in the first lecture for convenience of spacing the subject matter. Wright gives some interesting percentages of cases under treatment for trachoma in