relief of paralytic strabismus, *e.g.* tendon transplantation and division of yoke muscles. Surgical measures are not entirely relegated to this section however, and receive adequate consideration after the description of each type of squint. In his preface the author states "that satisfactory results are only obtained by studying the special needs of each patient and by selecting the operation or surgical procedures which the case requires." The fact that no one specific operation is applicable to all cases is well shown throughout the chapters on concomitant and paralytic squint. Non-operative treatment by orthoptic measures is described, but the importance of detecting abnormal binocular projection and abnormal retinal correspondence is perhaps not sufficiently emphasised, in view of the rôle these conditions play in bringing about a recurrence of squint after the eyes have been put straight by surgical means.

It is a poor compliment to an author of standing to lavish his work with unstinted praise and it is for this reason that we have ventured to make a few criticisms. Mr. Luther Peter has attempted a difficult task in compiling a treatise on the extra-ocular muscles and no one who reads it can fail to congratulate him on the success of his effort.

CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—We wish to refer to the article by Mr. F. A. Williamson-Noble which appeared in your Journal recently in connection with bifocal lenses.

Many years ago the United Kingdom Optical Co., Ltd., introduced to the trade two ranges of bifocals which accomplish the object of Mr. F. A. Williamson-Noble in exactly the same way.

The first was "Univis" shape "C" which has the optical centre of the R.P. on the straight top line and the optical centre of the distance lens should be worked on the line or say up to $1\frac{1}{2}$ mm. above. If these conditions are present there is no displacement of objects. This lens has the added advantages of having a large lateral field immediately upon entering the R.P., the lower edge of the R.P. has less prismatic effect, and there is a distance portion below the R.P. which it is obvious is easier for the wearer to see the stairs through because they are in focus.

Prism controlled fused bifocals were the second type. This is a round segment type in which any amount of prism, base in any

direction may be added to the R.P. only, although it is recommended not to use more than 3^{Δ} in each eye owing to the increased thickness.

The position of the segment and the amount of prism added may be such that the distance optical centre and the optical centre of the R.P. are at the edge of the segment. Again, this lens may be used to produce a single vision lens with two optical centres at any given point.

Two rather rough sketches illustrating the bifocals referred to are attached and we hope these will make our points quite clear.

Yours faithfully,

for United Kingdom Optical Co., Ltd.,

E. E. SNOW,

Secretary.

MILL HILL, LONDON, N.W.7

September 8, 1936.

OBITUARY

W. E. CANT

WE regret to record the death of William Edmund Cant at his home, Lexden, Colchester on August 17, 1936, at the great age of 92. Mr. Cant was a scholar of Colchester Royal Grammar School and entered St. George's Hospital in 1863, the same year as P. H. Mules of glass globe in the sclerotic fame. Qualifying M.R.C.S. in 1868, Cant was house surgeon at St. George's in 1869 and proceeded F.R.C.S. in 1874, and M.D. Dunelm, 1885. From 1878 to