is caused by the still faulty position of the eyes, the other by abnormal correspondence. In the former the task is to develop fusion amplitude, in the latter, bi-macular vision. In either case the measurement of the degree of squint and of the eventual angle gamma is of the greatest importance both before and after the operation. It is only on ascertaining these facts that one can determine the character of the double images,—whether they are paradoxical or not—and then deduce the cause of diplopia. By means of the methods already mentioned (double image test, positive after images) the right diagnosis may be arrived at without any precise instruments. If these, however, are at hand, the particulars obtained in the course of subjective examinations may be completed with objective data, such as the angle of squint and gamma, and the demonstration of false correspondence. It is generally easier to overcome diplopia in post-operative divergence than in convergence. As to cases coming under the third class, I can, for want of personal experience only refer to the publications of the Dartmouth Medical School.

The cases cited above were adult patients since I have had no opportunity of observing diplopia after squint operations in childhood.

LITERATURE

1. Bielschowsky.—Congenital and acquired Deficiencies of Fusion. "An apparent horror fusionis may be due to long-lasting disuse of one eye and the fusion faculty may be capable of being developed by proper training and a most careful removal of anything which may cause an inferiority of the visual acuity of one eye." Amer. JI. of Ophthal., 1935.
5. Travers, in his paper on "Suppression of Vision in Squint, etc.," published after the writing of this article, gives a simple method of detecting false projection by his Mirror Screen Test. Brit. JI. of Ophthal.

ANNOTATION

The Evil Eye

The power of the evil eye is a superstition of world-wide credulity and is certainly very old, though we are not prepared to admit that the sentence in St. Matthew's gospel (xx. 15) "is thine eye evil because I am good?" is an instance in point. So far as we know our Lord was speaking in general terms and not of any gross ocular anomaly.
In Britain the belief is of great antiquity. Aubrey noted that "some person's eyes are very offensive," and in Beowulf occurs the following passage (here transcribed in prose form) which seems to allude to it.

"Now is the bloom of thy strength for a little while. Soon it will be that sickness or the sword . . . or javelin's flight or ugly age or glance of eye shall darken thee."*

Among antiquarian odds and ends one sometimes comes across small glass balls, rather larger than a fives' ball, of brilliant colour. One in the writer's possession is a deep blue. It is said that these keep off the power of the evil eye. The folk-lore of flowers, on the other hand, ascribes all blue flowers to the dominion of Satan, so that those who are proud of their delphiniums should invest in a blue ball for purposes of indoor salvation.

In Bottesford Church, in the Vale of Belvoir, among the wonderful collection of monuments is one to the VIth Earl of Rutland. The inscription records that two of his children died in infancy by wicked practice and sorcery. The tale is that a female servant at the castle was dismissed by her employers. She, with her sister and her mother ("a monstrous malicious woman, full of oathes and curses and imprecations irreigious") set about to cast the evil eye on the earl's children. "They sickened very strangely, and after a while, died." One of the daughters of the old witch was executed at Lincoln in 1618, the mother is said to have committed suicide.†

Nowadays one supposes that some childish fatal complaint such as tuberculous meningitis would be considered in the diagnosis rather than witchcraft; but it happened long ago and was probably neither the first nor the last example of a so-called witch paying the extreme penalty for what was possibly a death from natural causes.

ABSTRACTS

I.—OPERATIONS AND THERAPEUTICS


(1) Kirwan, referring to an article by him in 1934, says that, so long as the visual fields in epidemic dropsy glaucoma show no

* From Jackson's Shropshire Folk-lore.
† The details are taken from Harrison's guide to Belvoir.