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 child-
hood.

LITERATURE
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. Jl. of Ophthal., 1935.
of Ophthal., 1937.
4. Allen.—A Simple Test for Aniseikonia by the Use of Central Fixation and
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

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 eies 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 irreligious") 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.