

to the ciliary region. Operation was on February 17, 1942. On March 16 vision was 6/60 and retina flat. On April 20 she knocked her right eye against a chest of drawers and vision again failed. She was found to have a fresh detachment above, with a small horse-shoe tear about 2 "o'clock." Further diathermy proved successful, and, when I last saw her in August, 1943, her vision was 6/24 and J.6.

One could report other cases which I have found of considerable interest, but, finally, I will mention one who was treated by electrolysis, and was the first detachment operated on at the base. She was aged 52 years, when, in August, 1939, she had a detachment in her left eye, which was approximately -12D. myopic. It was her worst eye, and vision had never been more than 6/12. There was a ballooned detachment up and out, with a rather large rectangular tear. Two months after operation vision was 6/24 in that eye, and field was full. On January 7, 1943, she slipped and knocked her left temple on the floor. She had a small sub-conjunctival ecchymosis and a haemorrhage in the left macular area. Vision was less than 1/60 but her field was full. I saw her twelve months later and her vision was again 6/24 with full field. Which record may well make us think, now that electrolysis is so much out of favour!

To sum up, this paper reports the results obtained from operation on 120 cases of detachment of the retina, and from a follow up of fifty successful cases. It is an attempt to give accurate details of cases watched for a sufficient period of time, and not a claim to spectacular performance. The results seem to agree very closely with the careful assessment made by Sir Stewart Duke-Elder in his text-book of ophthalmology.

ANNOTATION

Deficiencies in diet and Night-Blindness

An early reference to our heading appears in *Science* (Bangalore), June, 1944, over the signature of W. R. Aykroyd of the Nutrition Research Laboratories, I.R.F.A., Coonoor, India. This author has described night-blindness among Newfoundland fishermen living on a diet deficient in vitamin A, and says that the fishermen treated themselves by taking cod-liver oil, cod and seal liver, hen's and gull's livers, and "by such means cured themselves to their own satisfaction within 24 to 48 hours." But Aykroyd's most interesting item is an extract from "Narrative of a Journey through the

United Provinces of India from Calcutta to Bombay," by the Right Rev. Reginald Heber, Lord Bishop of Calcutta, 3rd Ed., Vol. II., (1828). With acknowledgements to author and editor we give the passage in full:

"In our way back through the town a man begged of me, saying that he was blind. On my calling him, however, he came forwards so readily to the torches, and saw, I thought so clearly, that I asked him what he meant by telling me such a lie. He answered that he was night-blind ('*rat unda*'), and I, not understanding the phrase, and having been a good deal worried during the day with beggars, for the whole fort is a swarm of nothing else, said peevishly, 'darkness is the time for sleep, not for seeing.' The people laughed as at a good thing, but I was much mortified afterwards to find that it was an unfeeling retort. The disease of night-blindness, that is, of requiring the full light of day to see, is very common, Dr. Smith said, among the lower classes in India, and to some professions of men, such as soldiers, very inconvenient. The Sepoys ascribe it to bad and insufficient food, and it is said to be always most prevalent in a scarcity. It seems to be the same disorder of the eyes with which people are afflicted who live on damaged or inferior rice, in itself a food of very little nourishment, and probably arises from a weakness of the digestive powers. I was grieved to think I had insulted a man who might be in distress, but Dr. Smith comforted me by saying that, even in respect of night-blindness, the man was too alert to be much of a sufferer from the cause which he mentioned."

ABSTRACTS

MISCELLANEOUS

- (1) **Minsky, Henry (New York).**—Trans-scleral removal of intra-ocular foreign body with the aid of the Berman locator. *Arch of Ophthalm.*, Vol., XXXI (old series, Vol. LXXXVIII), No. 3, p. 207.

(1) **Minsky** reports the use of an instrument for the location of metallic intra-ocular foreign bodies, which should be of value in war surgery. It consists of a diagnostic rod containing the equivalent of two transformers, one in the handle and the other at the tip. The primary coils are connected with a source of alternating current, the secondary, through an amplifying unit, to a volt-meter. Passage of an alternating current through the primary coils induces a current in the secondary ones and these, by a balancing arrangement, are