

is made through the conjunctiva and subconjunctival tissue of the faulty eye about midway between the cornea and the caruncle; the muscle is then taken up by a hook and freely divided with a pair of scissors, *behind* the hook, and some distance behind the tendinous insertion of the muscle. In cases of extreme Convergence, it was even recommended to remove a portion of the muscle. After the division of the muscle the eye was allowed to take its chance, if the eyes were parallel, well, if not, the surgeon could do nothing farther either to increase or diminish the effect of the operation. From this mode of practice satisfactory results were attained in only a small proportion of the cases, and even in the most successful ones in which the faulty eye was brought to occupy a central position, there were other deformities consequent upon the operation, which detracted very much from the result. When the muscle is divided behind the tendon, it becomes attached so far back that the mobility of the eye is very much diminished; and in some cases the antagonist muscle draws the eye so far in the opposite direction that the *Convergent* squint is changed to a *Divergent* one. The caruncle usually shrunk behind the inner commissure of the lids; the semi-lunar fold of the conjunctiva becomes obliterated, giving the organ the appearance of an artificial eye; and in many cases the eye is too prominent after the operation. It was only yesterday that I assisted a medical friend to perform a secondary operation to relieve the deformity following Dieffenbach's operation. The mobility of the eye was considerably diminished and its movements irregular. The organ was more prominent than the opposite eye and was slightly divergent; the caruncle had retracted and the semi-lunar fold had disappeared.

In the modern operations for Strabismus the amount of the deviation is first of all accurately measured, and in all cases where the deviation is from two and a half to five lines, it is now the practice to divide the operation between the two eyes in preference to performing a sufficient operation upon one eye to bring the two parallel. By thus dividing the operation between the two eyes, a lesser operation will be performed upon each, and consequently the mobility of the eyes will be less interfered with. The operation is changed in other important respects. The conjunctival wound is now made much nearer the cornea than formerly, the muscle is taken up near its insertion, and instead of dividing it *behind* the hook, the muscle is *cut in front and as near its insertion as possible*, thus a *tenotomy*, and not a *myotomy*, is performed.]

Another modification recently introduced renders the result of the operation perfectly under the control of the operator. If after a division of the tendons of both internal recti there should be one divergence, it.