The abiotic energy in the solar spectrum aggregates hardly a quarter of 1 per cent. of the total. At high altitudes and in clear air it is sufficient to produce slight abiotic affects, such as are noted in snow blindness and solar erythema. The latter is usually accompanied by an erythema due to heat alone.

Erythropsia is not in any way connected with the exposure of the eye to ultra-violet radiations, but is merely a special case of colour fatigue. There is no evidence in the authors' opinion that vernal catarrh and senile cataract are due to radiations of any kind. Glass-blower's cataract is to be regarded as due, not to ultra-violet light, but probably to the over-heating of the eye as a whole with consequent disturbed nutrition of the lens.

Commercial illuminants the authors find to be entirely free of danger under the ordinary conditions of their use. The abiotic radiations, furnished by even the most powerful of them, are too small in amount to produce danger of photophthalmia under ordinary working conditions, even when accidentally used without their globes. The glass enclosing globes used with all practical commercial illuminants are amply sufficient to reduce any abiotic radiations far below the danger point.

Under ordinary conditions no glasses of any kind are required as protection against abiotic radiations. They reduce the total light to the comfortable point. Glasses which cut off both ends of the spectrum and transmit chiefly only the rays of relatively high luminosity, give the maximum visibility with the minimum reception of energy. For protection against abiotic radiation in experimentation, or in the snow fields, ordinary coloured glasses are quite sufficient.

So far as direct destruction of bacteria within the cornea or any other tissue of the body is concerned, abiotic radiations possess no therapeutic value. This is due to the fact that abiotic radiations that are able to penetrate the tissues are more destructive to the latter than to bacteria.

ERNEST THOMSON.

CORRESPONDENCE.

INTRA-CAPSULAR EXTRACTION OF CATARACT.

The Editor THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—In the October to December number of The Ophthalmic Review (the last of that journal to appear) Lt.-Colonel J. Fisher, of Jaipur, makes the statement:—

"It is rather unfortunate that all three of "The Presidency" ophthalmic surgeons—Maynard (Calcutta), Herbert (Bombay), and
CORRESPONDENCE.

Elliot (Madras)—condemned Smith's operation before they saw Smith do it (I think I am correct in this). They tried the operation with only a description to guide them.”

I feel sure that if Lt.-Colonel Fisher will kindly re-read what I have written on the subject in The Indian Medical Gazette, May, 1906, and in subsequent numbers of the same journal, he will find that he is mistaken in this statement, at least, so far as I am concerned. I have never condemned Colonel Smith's operation either before I saw him do it or since. It is true that I criticised some of the statements put forward in support of the procedure, and that I persistently asked for a presentation of accurate statistics on which a right judgment of the value of the operation could be formed, but as to the procedure itself, I kept an open mind and urged others to do the same. I travelled over 3,000 miles in order to see Colonel Smith perform the operation. I then went back and tried it on between two and three hundred cases of my own, and eventually decided that I could get better results by the method to which I was accustomed, but even then I did not abandon the attitude which I had first taken up, and which I have outlined in the preceding paragraph.

In cataract extraction, as in every other operative procedure, individuals will prefer different methods, and they can do so without in any sense condemning those which do not appeal to them. The case for the intra-capsular operation will rest not on the statements of any one man, but on the experience of surgeons generally. Such experience will be influenced largely by the production of careful statistics on the one side or on the other. That was my position eleven years ago, and is so still.

Yours truly,

R. H. Elliot,
Lt.-Col. I.M.S. (Retired.)

WELBECK STREET,
CAVENDISH SQUARE, W.,
December 17th, 1916.

TRANSILLUMINATION.

The Editor of The British Journal of Ophthalmology.

Dear Sir,—I have read the “Memorandum on Transillumination,” by George Young, in the November number of The Ophthalmoscope, and can testify to the efficiency of the electrically-lighted ophthalmoscope for this purpose.

Such an examination can, however, be made still more readily with the May Electric Ophthalmoscope. This instrument is, like all other electric ophthalmoscopes, a modification of Dennett's model. It differs from the others in the absence of the usual reflecting mirror;
INTRA-CAPSULAR EXTRACTION OF CATARACT

R. H. Elliot

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