

advocate of the secretory theory of the origin of the aqueous humour; and although this view is strongly upheld in places, perhaps with some degree of bias, alternative views and the experimental findings in support of them are given mention. The remainder of the volume deals with the investigation of extra-macular vision. Professor Lauber, who is responsible for it, gives an account of the various methods of perimetry, the investigation of the fields for colours, the light sense and colour sense of the peripheral retina, and other cognate subjects. As is usual in German works of this description the task is done with commendable thoroughness.

CORRESPONDENCE

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—May I suggest a special way of suturing the graft, as described in the interesting article by Dr. A. MacRae: "Webster's Operation for Entropion of the Upper Lid." If the tarsal plate be very degenerated I excise it and if I have to deal with a grossly swollen tarsus and desire to increase the effect of the operation for the entropion, I also do a transplantation of mucous membrane from the lip on to the wound.

Shimkin in 1913 proposed a very simple way of securing a good position and protection for the conjunctiva in Kuhnt's operation for excision of the upper fornix. I applied this method for fixation of the graft without any difficulty.

The best suture material is very fine silk (No. 00) with a fine needle on each end of the thread. Keep the lid everted, put the graft on the bare area, and insert the needle in the graft and straight through the lid on to the skin surface. At a distance of 0.5 cm., the other needle is inserted in the same way and the suture is then tied on the skin surface of the lid over a piece of gauze. By inserting these sutures at the margins of the graft contact with the cornea is avoided, or, if it occurs, some vaseline will make the cornea perfectly safe. The graft will stand as many sutures as is necessary. The protection and position of the graft are assured by these sutures. In three days the silk can be removed without everting the lid or disturbing the graft by simply cutting the suture on the skin surface of the lid and withdrawing it.

Yours faithfully,

N. PINES.

LONDON,

February, 1927.



CORRESPONDENCE

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