whose patients I was enabled to inspect, nor in my private practice which would raise the figure given by several hundreds.

In a communication on sympathetic ophthalmia, one of a series presented by the Staff of the Government Ophthalmic Hospital, Madras, Koman Nayar gives the figure 0.003 per cent. as the rate of occurrence in all eye cases attending the Madras Clinic over the period of 15 years ending 1935. (Proc. All Ind. Oph. Soc., Vol. IV, 1935)

My own exceedingly limited experience of C.D.P. as performed by others is distressing, but it would be unfair to infer from this that it may not find a useful place amongst the various operative methods of dealing with abnormal intra-ocular tension. I should be very sorry to employ C.D.P. experimentally on high tension eyes, other than those which were already blind, without first observing a consecutive series of operations by Vogt and following them up for a reasonable time.

It would be quite justifiable and relatively easy for observers in India to repeat Vogt’s C.D.P. work on eyes blind of chronic glaucoma in which a lowering of tension is indicated.

Yours truly,

ROBERT E. WRIGHT.

To the Editors of The British Journal of Ophthalmology.

DEAR SIRS,—Especial emphasis is, I consider, desirable upon one matter to which reference is made in the interesting paper by Savin and Tyrrell in the November number of the Journal.

Comment No. 7 on p. 564 is as follows:—“If proctocaine is employed for the relief of pain in a blind eye, all possibility of neoplasm should be excluded (see case n).” Case n referred to a patient who had refused enucleation that had been very wisely recommended in the belief that the glaucoma was due to central vein thrombosis.

In 1925 I reported upon 402 consecutive cases of blind painful eyes that had been excised at Moorfields Eye Hospital during a period of two to three years.* The word “blind” was used to denote “almost blind, and useless.” In two of this series an operation had been performed in the hope of saving the eye. Fortunately the wound of operation—for iridectomy—failed to heal, and the eye was in each case enucleated a few days later. Each of these eyes as well as 14 others, i.e., 4 per cent., contained a sarcoma of the choroid. In a considerable proportion of such cases, owing to corneal haze the result of increased tension, or to secondary or senile cataract, the interior of the eye cannot be examined.

I therefore propounded a rule to be observed in all cases of eyes which were painful, the subject of glaucoma and practically blind in persons of middle age or older. This rule should especially be emphasised when the fellow eye shows no sign of primary glaucoma. The rule is, "a blind painful glaucomatous eye in a middle-aged person, in which the fundus is invisible, should be excised."

"All possibility of neoplasm" cannot be excluded in the above circumstances. I repeat, therefore, with particular emphasis the desirability for the employment of the rule proposed.

Yours faithfully,

HUMPHREY NEAME.


56, PORTLAND PLACE, W.1
11th November, 1940.

NOTES

The Executive Director of the National Society for the Prevention of Blindness, Mrs. E. B. Merrill, pointed out as long ago as September, 1940, that with the expansion and speed-up of industrial production, made necessary in the States by national defence plans, an increase in the hazards which result in eye injuries and other types of accident is bound to occur. The National Society has seized time by the forelock in appointing a strong Industrial Advisory Committee to help in dealing with these problems and other matters concerning the protection of workmen from eye diseases and eye accidents. The Chairman of this Committee is Dr. Leonard Greenburg, Executive Director of the Division of Industrial Hygiene, New York State Department of Labour. With him are ten other prominent citizens of the United States representing many sides of labour problems. The Ophthalmic Surgeon is Dr. M. Davidson, of New York City, and Dr. Donald M. Shafer, Consultant Committee on Healthful Working Conditions, National Association of Manufacturers, New York City, is also a member of the Committee.

We note too that the Society is engaged in an exhaustive study of the entire problem of eye hazards in industry which is nearing completion. The publication of this report will be eagerly awaited in this country as well as in the States.
CYCLODIATHERMY PUNCTURE IN GLAUCOMA
Humphrey Neame

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