Since the article on a method of providing post-operative security in cataract operation was published in the September, 1947 issue of the Brit. JI. Ophthal., some colleagues have mentioned the difficulty of carrying the upper part of the complete conjunctival flap over the wound when drawing the purse string suture tight after the extraction. The edge of the flap, unless guided carefully by an iris repositor or similar instrument, in some cases entered between the lips of the section.

For some time past the following procedure has been found to work very well, and to give complete control over the upper part of the conjunctival flap, no matter how widely the section may gape.

A silk suture, No. 0, in a curved needle—a blunt one is preferable—is passed through each loop of the purse string suture from 9 o'clock to 3 o'clock (see diagram), the ends of the suture are left loose on both sides.

When the extraction is completed, and the toilet of the wound is finished, the silk suture is drawn taut, this draws the upper half of the conjunctival flap towards the suture and then, while the purse string suture is tightened, the silk suture simultaneously is carried forward and down over the wound, taking the conjunctival flap with it.
When the purse string suture is tied and cut, the silk suture can be similarly dealt with. With this silk suture holding the whole of the upper half of the conjunctival flap, the control of the flap is so complete that any section, even when gaping with vitreous loss, can be covered without difficulty.

With regard to fixation of the globe for section when this method of complete conjunctival flap is used, Mr. Williamson-Noble has suggested to me that an episcleral suture, as used by him, gives good control, etc., and is possibly preferable to the original suggestion of leaving a conjunctival tag at 6 o'clock on the corneal margin. I have not yet tried this method, but it would certainly seem to allow of a cleaner conjunctival flap and more certain fixation. I am indebted to him for his suggestion.

**BOOK NOTICES**


This book, in the words of the author's preface, has been written with the needs of the medical student, the optician, and the prospective diplomatist in ophthalmology in mind. It is clear that a knowledge of the fundamental principles of ocular physiology is an essential item in the clinician's armamentarium, but, while in recent years there has been produced a plethora of monographs and original papers on various aspects of these principles, there has equally during the same time been published no book attempting to give a balanced conspectus of new work. The book under review not only describes simply but fully the established facts of ocular physiology, but gives a fair and balanced, though condensed, assessment of new work and its implications.

After a simply written introduction on the structure of the eye, the first two sections deal with intra-ocular dynamics and the mechanism of vision. Both these subjects at the present time are in a state of flux such as would rejoice the followers of Heraclitus, and one need only say that on such contentious theories, among others, as those on the physiology of the intra-ocular fluids, the photochemical aspects of vision, and colour vision, the author gives a fair and up-to-date summary.

The following sections discuss the neuro-muscular control of the extra-ocular muscles, of the pupil and of accommodation, the protective mechanisms of the eye, visual perception and elementary physical and physiological optics. In the section on optics, the exposition is as simple as possible; complicated mathematical...