


FACULTY OF OPHTHALMOLOGISTS

STUDY TOUR TO AUSTRIA, MAY, 1951

This visit was arranged by Mr. R. J. Buxton (Yeovil), and Mr. M. W. Smith (Leamington Spa) reports as follows:

Vienna.—After nearly 48 hours in the train a party of ten ophthalmologists, some accompanied by their wives, reached Vienna, the latter part of the journey being through the British Occupied Zone of Austria. The capital suffered severely, especially during the last weeks of the war, but great strides in recovery have been made. Our hosts and their wives showed the charm, hospitality, and gaiety for which Austria is famous. In the Allgemeines Krankenhaus we were often reminded of the Professor Fuchs whose memory is revered by his successors.

Professor Lindner spoke on "Detachment of the Vitreous" and indicated that he considers its occurrence following operation to be the result of shrinkage of the vitreous through the effect of the highly albuminous aqueous, not as Fuchs thought that the aqueous passed into the pre-retinal space; that it never re-attaches but does not necessarily tear the retina. He demonstrated with flasks filled with water and gelatine the paramount importance of rotatory movements of the vitreous. Macular holes are treated by Guist's method of undermining the sclera and applying 3 per cent. peroxide of potassium 1/100 ml. by means of a special syringe.

Trachoma has almost disappeared in Austria; the treatment is by sulfadiazine orally 0.03 g. per kg. The professor spoke at length on his belief in the tissue-autolysis theory as the cause of myopia.

A film and several operations of intra-capsular extraction were demonstrated. As with the other surgeons, he sits on the right side of the patient facing the head and makes the section with a Grieshaber knife. He employs a Mendoza suture, deprecates retrobulbar injection as causing haemorrhage, and relies on subconjunctival cocaine and Van Lindt's akinesia. Arruga's forceps are applied reversed to the upper pole and the lens is not tumbled. Mintacol is instilled and 20,000 units penicillin injected subconjunctivally.

On one occasion the Professor performed an annular scleral separation. The retina appeared to be re-attached with no improvement in vision. The widest resection has been 6 mm. Scleral incision is made with a calliper keratome and the full thickness removed, closure is by alternately facing mattress sutures, and the operation is completed by surface coagulation and diathermy punctures and keratotomy of the anterior chamber.

Professor Pillat spoke on "Hypertension and Atherosclerosis" and demonstrated a case of adolescent macular degeneration, the fourth seen that year after a negative period of 20 years. On a case of buphthalmos he demonstrated de Wecker's anterior sclerotomy combined with incision of the chamber angle by the method of de Vincentis. Intra-capsular extractions were performed, using Liegard's suture of Japanese woman's hair, O'Brien's akinesia, retrobulbar injection, ung. eserine 1 per cent., and subconjunctival penicillin. Iridencleisis is favoured in chronic glaucoma, and if unsuccessful cyclodialysis, because of the heavy incidence of late infections with Elliot's trephine. A case of secondary glaucoma which had not responded to iridectomy and cyclodialysis was treated by Vogt's diathermic punctures.

At the Rudolfspital Professor Safar demonstrated intracapsular extractions, using O'Brien's akinesia and a parabulbar injection with Corbasil in place of adrenaline to obviate spasm of the central retinal artery. A complicated case of cataract with increased
tension, which had failed to respond to iridectomy and diathermic punctures, was treated by subsclelar coagulation of the temporal long ciliary artery. Two cases were demonstrated, one a sarcoma of the iris and ciliary body treated by a flat cathode inserted subcicularly twice within 6 weeks with a good result, and the other a peripheral glioma which had not responded fully to radon seeds but responded adequately to the application of coagulation diathermy. A child of 6 months with bilateral glioma was treated by application of radium needles. We were fortunate to observe the Professor using Safar's nails in a case of retinal detachment combined with needle coagulation and scleral desiccation. The nails are only used in pre-equatorial cases owing to the technical difficulties of applying them further back.

Dr. K. Hruby, first assistant to Professor Lindner, demonstrated slides of vitreous and retinal detachments, the value of the Hruby lens on the Haag-Streit slit lamp and the new Zeiss slit lamp in the differential diagnosis of macular holes and cysts, and the "star" accessory to the slit lamp.

Visits were arranged to the Schönbrunn Palace, the Vienna Woods, and other famous places, and the party left Vienna with happy memories of the hospitality and enthusiasm of our hosts and their wives.

**Graz.**—Professor Böck (and his two chief assistants, Dr. Schlagenhauff and Dr. Hefel) demonstrated cases, performed operations, and reviewed the effects of certain new drugs. A girl of 4 years with iridocyclitis in her only eye had been treated with penicillin and 43 g. streptomycin with indifferent success. Vision was 6/60. Cortisone 1 ml. in 4 ml. saline, one drop hourly for 14 days, and then 3 times daily with ointment at night, produced a visual acuity of 6/6 in 8 weeks. An ammonia burn with local application of the patient's blood serum every 1/2 hr. showed a good result in 14 days. Intracapsular extraction is performed in the manner of Professor Lindner except that a retrobulbar injection is given with Corbasil. Penicillin is not injected. The Professor performed scleral resection on a boy of 10 years for what was considered to be a lower half traction detachment after an iridectomy for secondary glaucoma following chronic uveitis. This was whole-thickness as described in the manner of Professor Lindner. In a case of retinal detachment, Amsler's scheme for the recording of holes was employed. For small holes, non-perforating 1-mm. needles are used followed by perforating diathermy, and, for large holes, localization with a short needle and penetration with long needles to evacuate the fluid and prevent scleral necrosis.

Professor Böck also arranged enjoyable bus and cable-railway trips in the mountains, and we left Austria with a deep sense of gratitude for the warmth of our welcome.

**STUDY TOUR TO BELGIUM, MAY, 1951**

A party of nineteen, led by Mr. W. M. Muirhead (Sheffield), left London by private motor coach on May 8, 1951, to visit clinics in Brussels, Louvain, Nancy, and Strasbourg.

**Brussels.**—At the Eye Department of the University Hospital the party was received by Professor Coppez and his staff. After a tour of the clinic, the following papers were given:

In English.—"Retroental Fibroplasia" by Dr. Zanen; "Investigations on Intra-Ocular Vascular Pressures" by Dr. de Laet; "Exophthalmometry" by Dr. Danis.

In French.—Mr. Williamson-Noble showed Kirby's film on "Cataract Extraction"; Mr. Shapland spoke on "Scleral Resection for Detachment of Retina".

On the following day a visit was paid to the Coppez private clinic, which contains thirty beds. Prof. Coppez gave details of his Thermometric Electrode, his talk being
based on an address given at a recent Oxford Congress. He also showed a film on "Lamellar Corneal Grafting and Elliot's Trephining".

Dr. Ectors, the chief neuro-surgeon of Belgium, gave a most interesting demonstration, and showed a collection of normal and pathological skull x rays taken during the last 15 years.

Louvain.—Professor Appelmans entertained the party with a programme of papers by his assistants.

Dr. Blockeel described his experience with electronic microscopy of the vitreous body.

Dr. de Niel described a case of bilateral glioma of the retina. One eye had been excised, the section showing a very large number of rosettes. The remaining eye had been treated by radiotherapy, with great success up to the present.

Dr. Michiels described a case of bilateral retinal angiomata treated by surgical diathermy.

Dr. de Peuter and Dr. Lebas described a case of rheumatoid polyarthritis associated with Sjogren's syndrome, in which cortisone and ACTH had had little effect.

Nancy.—Professor Thomas was a very enthusiastic host, and began by motoring out from Nancy in the hope of meeting us on the road.

In his operating theatre, the tables are fitted with a combined head-clamp and arm-rest, designed by him and made by Rupalley et Cie. He showed us several instruments, including the following:

1. A kerato-pupillometer.
2. A dynamometer—a modification of the Bailliart instrument.
3. An instrument for measuring the capillary resistance of the conjunctiva.
4. Conjunctival forceps, with needle guides, especially useful in corneo-scleral suturing.
5. Fine polythene tubing for introduction into the naso-lacrimal duct.

Interesting eye cases were shown and operations were performed by the Professor, Mr. Shapland, Mr. Whiting, and Mr. Williamson-Noble. Mr. Foster later gave a talk in French to the general practitioners of the neighbourhood.

The next day further cases were shown. In one of these both eyes had been severely injured; one was removed and in the other an intracapsular cataract extraction was done, followed by a perforating corneal graft, which was very clear. Another case had a disciform keratitis treated successfully by lamellar grafting. A third had had a complete vitreous haemorrhage, and as no improvement had followed in 6 months, vitreous was removed from the affected eye and replaced by donor material.

Professor Jeandelize spoke of the value of vitamin C in the treatment of senile cataract, and papers were given by Messrs. Green, Moffatt, Roper-Hall, Shapland, and Williamson-Noble.

Strasbourg.—Here we were entertained by Professor Nordmann, Professor Redslob, and their staff. The Eye Clinic had been completely rebuilt by the Germans during the occupation, the Nazi Rector being an ophthalmologist, and as a result it is now very well equipped. The dark-rooms are painted in maroon, with blue desk lights. Amongst the instruments in the Out-Patient Department are the following:

1. Amsler's placido-disk camera.
3. Camera for anterior segment photography.
4. Comberg adaptation test apparatus to test the powers of adaptation under the conditions of night-driving.

Once again papers were given by both the members of the staff of the clinic and the visitors. Professor Redslob showed a series of sections illustrating a case of bilateral anophthalmos, in which some small rests of the secondary optic vesicles could be found with a formation of pseudo-rosettes. He showed a series of slides illustrating the causes of failure in trephine and cyclodialysis, in which he mentioned:

(a) badly placed operation,
(b) infection,
(c) closing of the angle of the anterior chamber.
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He also showed slides of sympathetic ophthalmia, and gave reasons for supporting the theory of its aetiology by infection spreading directly through the chiasma.

Professor Nordmann spoke on melanoma of the choroid, and gave arguments in favour of Masson’s theory as opposed to Wolff’s. Professor Klein and Professor Karly outlined their results in researches on optic nerve regeneration and on a condition of retinal degeneration associated with glial proliferation throughout the retina in rats born with this retinal anomaly.

The social side has not been mentioned; this would take too long, but there is no doubt that a motor coach is an ideal way of doing such a trip. Amongst the many advantages of this mode of travel is the fact that one is able to see so much more of the country than one would by train. It was a memorable and most enjoyable tour.

**STUDY TOUR TO SPAIN AND FRANCE, SEPTEMBER, 1951**

A party of twelve, led by Mr. J. E. M. Ayoub, paid a visit of six days to clinics in Barcelona, and went on to Lyons for a further three days. The principal hosts who arranged the programmes of work and relaxation were Count H. Arruga and Prof. Louis Paufique. They threw open their clinics and organized demonstrations, and also through their good offices the party was accommodated in most comfortable hotels and shown the places of interest in these cities.

**Barcelona.**—Count H. Arruga and Doctor A. Arruga demonstrated operations and films to illustrate details of technique. Professor Barraquer and Doctor Barraquer Moner also showed all aspects of their magnificent clinic, and held two operating sessions, a review of cases and results, and a film session, in which a selection of their large film library was used. Two visits were also paid to Professor Sorya at the University Eye Clinic; an interesting series of operations was demonstrated, and slides of unusual cases exhibited. The last day was spent in a visit to the Cusi establishment; besides witnessing all the processes involved in the manufacture of the famous ointments and medicines, the party was shown the large museum of medical and pharmaceutical books, drawings, and implements.

**Lyons.**—Prof. Bonnet of the Hôpital Edouard Herriot and Prof. Louis Paufique of the Hôpital de l’Antiquaille were joint hosts, and nothing could have exceeded the warmth of their hospitality, the pains they took in making the visit instructive, and the sense of friendliness which they imparted throughout the visit.

**Techniques Observed**

1) **Arruga.**—Cataract extractions were done in the patients’ beds, Arruga going from room to room. His assistant carried a bag in which was a dry sterilized container with a set of instruments, and his son held the lamp. Arruga invariably performed an intracapsular extraction, using the forceps and speculum of his own design except on one occasion when a hard capsule prevented him from gripping it with his own forceps and he successfully used toothed forceps. In his technique he merely uses the expressor for steadying the eye, and mainly relies on the pull of the forceps; he uses three simple corneoscleral sutures, the central one after the section, the lateral ones after the iris replacement, and he makes two basal iridotomies, situated between the sutures. All the instruments and needles are made by Grieshaber.

The speed of his detachment operations is remarkable; these are done in the outpatient theatre, the patients being sent home immediately after operation to rest in bed
for 2 to 3 weeks. He has obviously carefully studied the fundus the previous day. He marks the meridian of the hole with ink and quickly nips an opening into Tenon's capsule, and the assistant inserts the speculum. Arruga has already made a mental estimate of the distance from the limbus for the first diathermy application, as he does this without measurement, and only uses his ophthalmoscope to check the reaction and its position. In practically every case we saw, the reaction was right on the hole. He would then apply one or two spots around the first, and finally a lesser quantity of diathermy around them by rubbing the applicator over the surface. He pays little attention to the actual milliamperage or duration, but judges the dosage from the reactions. He punctures to let out fluid, and if there is a large balloon, injects 1 to 2 ml. air into the vitreous. He makes the eye quite hard, and he is convinced that this does press the retina back into its place.

In performing dacryocystorhinostomy, he makes his first opening through the bone of the lacrimal fossa with a 1-cm. trephine, enlarges the hole, and cuts flaps. The posterior flap of mucosa is sutured to the posterior flap of the sac; the anterior flaps are sutured also to the subcutaneous tissues to secure a wide initial opening.

Arruga's operating technique is speedy, but gives an impression of leisure; he is very simple in his execution, and the whole atmosphere is one of quietness and delicacy.

(2) The Barraquers.—The clinic is, of course, astonishing, and totally unlike any English one, yet on mature consideration one realizes that it is very efficient, and that an immense amount of planning has contributed to its efficient working. The operating theatre, though full of gadgets and dials, with the surgeon sitting in an armchair and never rising from it, is admirably run with most efficient staff work; it is clear that everything is designed to conserve the operator's freshness, and to relieve him from all unnecessary movement. The hidden loudspeaker, playing throughout, seemed odd at first, for during one extraction Barraquer Moner started to the strains of Wagner's Anvil Chorus, continued through Mendelssohn's Spring Song, and finished with Bach's Toccata and Fugue in D. Yet all these tunes were rhythmical, and had a soothing effect.

In cataract extractions, the erisiphake was invariably used with success, though it was obvious that its use requires considerable experience. One peripheral iridectomy was made and three direct corneoscleral sutures used, the central one placed after the section, the lateral ones at the end of the operation.

On more than one occasion, Barraquer Moner extracted both lenses consecutively, for reasons of economy.

His technique with keratoplasty was excellent but orthodox; he prefers direct suturing of the graft.

Barraquer Moner says that he is only interested in operations around the anterior chamber. All others are done in an adjoining theatre, as the main theatre would be quite unsuitable for any operation not compatible with the surgeon sitting above the patient's head. He did his first cataract extraction at the age of 12 years, having assisted his father from the age of 10. The operations we saw done were technically perfect, and we were all impressed with his complete control and certainty of use of his instruments. One felt, however, that the clinic revolved around surgery.

In the hands of Doctor Martin, the relaxation obtained by curare was excellent. He states that there have been no unpleasant effects in over a thousand cases.

(3) Professor Sorya.—He did three extractions, using Llorca's erisiphake, a small instrument where vacuum is controlled by a firm rubber teat. This was successful in two cases, and in the third the capsule was broken. He did two trephinings, and a dacryo-cystorhinostomy.

(4) Professor Paufique.—His surgery was excellent. He did several extractions, in one of which the lens was subluxated. In this he used a scoop without loss of vitreous,
and his technique in this case was perfect. He also uses three corneoscleral sutures. He demonstrated lamellar grafting, and though he did not show us a total graft, we saw his method of using his modification of Desmarres knife.

One was struck by the high quality of his instruments, most of which were made in France. All the surgeons we saw used much finer and smaller-toothed forceps than those popular in England, and these finer forceps are essential for corneal suturing, in both extraction and keratoplasty.

(5) Professor Bonnet.—He did two operations for us. The first was the radical removal of a malignant melanoma of the right middle turbinate, involving the orbit and frontal sinus, which proved to be an extensive operation; it was successfully concluded, and it appeared that the tumour had been well delimited. This patient recovered uneventfully, and left hospital with very little scarring, and complete relief of her exophthalmos. His second case was a plastic operation of moving a full-thickness pedicle graft to repair the eyelids, cicatrized by a chemical burn. The cornea was also involved, and the restoration of the lids was a preliminary to a keratoplasty, for which the patient would be transferred to Paufique. Professor Bonnet, who was originally a general surgeon and had had much experience of facial work in the two wars, is obviously very skilled at this type of work. We did not, unfortunately, have the pleasure of seeing him do any intraocular operations.

He also showed a selection of his huge collection of drawings and paintings of fundus conditions, which are his own work. They range over the whole field of vascular changes, retinopathies, and degenerations, and reveal Professor Bonnet's versatility and wide interests in the medical aspects of ophthalmology.

(6) Doctor Hugonnier.—In performing two scleral resections for us, he demonstrated a lamellar resection, and then put down two lines of diathermy, one along the site of the resection, and one row behind it. A diathermy puncture in the same region let out intra-retinal fluid.

In each centre the aims of this party of learning first-class techniques of keratoplasty, detachment surgery, and cataract extraction, were fully achieved. There is no doubt that much can be learnt in these clinics, and the party is deeply indebted to the principals and assistants for their efforts in making the tour a success.