CORRESPONDENCE

REMOVAL OF CORNEO-SCLERAL SUTURES

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

Sirs,—

"Ther nis no newe gyse that it nas old". Knight's Tale, I. 1267 (Chaucer c. 1380).

"Il n'y a de nouveau que ce qui a vieilli". French Proverb.

It is, of course, important that Mr. P. Wilson (Brit. J. Ophthal. (1958), 42, 248) has brought to the attention of your readers the technique of removing corneo-scleral sutures with the clean tangential cut of a Bard-Parker knife, the suture being lightly held by fine plane forceps. However, this practice is not new, for it has been done at Moorfields, at least in the clinic which I serve, for over 10 years. Also I used this method in the 1939–45 war for removing silk sutures from the edges of free skin grafts. I do not remember its origin, which I think must have been before 1939.

Mr. Wilson reports a mishap when toothed forceps were used. Indeed it is a first surgical principle that sutures and the edges of a conjunctival incision should be held only by plane forceps and never by toothed forceps. It is preferable for the ends of these forceps to be blocked so that coaptation is sure and for the terminal 2 mm. to be faintly hatched to enhance the grasp of a mucous-soaked 6/0 silk suture.

I think that in spite of Mr. Wilson's concern about the anxiety induced in a patient returning to the operating theatre it is desirable to remove corneo-scleral sutures in the quiet of a well-disciplined theatre and not in a general ward as Mr. Wilson suggests, where there are so many distractions and noises.

In the past, two serious disasters have occurred when this has been done in the wards at Moorfields and none in the operating theatre.

Yours faithfully,

H. B. STALLARD.

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BOOK REVIEWS


This small book concerns itself not with the science but with the art of refraction; and the tale is told with almost religious zeal, so that "the priceless possession" of sight, "next in value to life itself", may be freely available, with "the added comforts of happy binocular vision". Mathematics and optical formulae are absent. The mechanism of retinoscopy is said to be a dull affair—it is, indeed, somewhat difficult to understand in its non-mathematical representation in these pages—and the author's aim is to clothe these dry bones with human interest and add zest to routine. To some extent he succeeds in this; and the book forms interesting reading, particularly with its insistence on a full explanation to the patient of the whys and wherefores of optical aids; but unfortunately it adds little new to a subject on which much has already been written.

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Volume 4 of Clinical Neurosurgery contains the edited proceedings of the sixth annual meeting of the Congress of Neurological Surgeons held in Chicago during November, 1956. It is dedicated to Dr. Wilder G. Penfield, who was the honoured guest and who read a fascinating paper entitled “Thoughts on the Function of the Temporal Cortex”. The other contributions were devoted to the neurological aspects of the pituitary region and the most interesting for the ophthalmologist was Wilbur Rucker’s paper on “Ocular Manifestations of Pituitary Tumours”, including twelve case reports to demonstrate the various ocular findings. The field changes receive particular attention, there is an excellent assessment of the significance of disc pallor, ocular palsies are described, and the differential diagnosis of chiasmal lesions concludes the chapter.

The radiological aspects of lesions about the sella turcica are described by J. D. Camp, the operative approach to the pituitary gland by J. Grafton Love, the surgical and irradiation treatment of pituitary adenomas by G. Horrax, hypophysectomy for cancer of the breast by B. S. Ray, and the physiological effects of hypophysectomy by O. H. Pearson. At the end of each chapter there is a question and answer series which enlivens the text and keeps the expert’s feet well planted on the ground. The book is small and reads easily: there is no attempt to be comprehensive either in the papers or in the bibliography and this is a pleasant feature.


The second edition of Walsh’s “Clinical Neuro-Ophthalmology” is much larger than its predecessor of 10 years ago. There are 1,294 pages, including the index, and by dint of arranging three columns on a page, the work has been kept in a single volume. It is of course a reference book and the reviewer does not claim to have read it from cover to cover, but he has used the first edition in his daily work over the last decade and the present edition for a period of 3 months. The index is excellent and guides the perplexed clinician quickly to the answers he seeks.

Although this is primarily a work of reference, it is possible to open the book at any page and read a short chapter on some aspect of a neuro-ophthalmological problem. The text is divided into relatively small sections, each complete in itself; they are headed clearly and have their separate lists of references. A special feature of the book is the publication of case reports; they indicate to the reader the variability of symptomatology even where the underlying pathological process is constant, and they are most helpful in describing the symptoms and signs chronologically so as to show the changing pattern which a disease process often displays. Another most welcome feature is the interpolation of the author’s own observations. He sums up the literature and condenses opinion on unsettled points, but does not shrink from adding what has been his own experience.

Neuro-ophthalmology is a kind of no-man’s land. In Great Britain, as far as the reviewer is aware, there is no physician or ophthalmologist whose practice is entirely limited to neuro-ophthalmology. Many of the cases require investigation of the visual fields followed by careful assessment of their significance, together with a detailed clinical, radiological, and biochemical examination of the nervous system. The ophthalmologist can, by reason of his opportunity to study fundi in large numbers, offer help in deciding the limits of normality, in separating cases of impaired vision due to local ocular causes from those due to deep-seated or widespread disease, and recognizing, from ocular signs, early cases of central nervous lesions. Neuro-ophthalmology, as its hyphenated name suggests, is a synthesis, and its study has been made possible where colleagues of separate disciplines have combined their clinical efforts. It would seem that Dr. F. B. Walsh is as fortunate in his colleagues at the Johns Hopkins University as they are in having him...
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as their associate professor of ophthalmology. His book is a source of usefulness and of inspiration to neurologists and ophthalmologists alike reminding us all that individualism in medicine, like patriotism in war-time, is not enough.


Stallard’s “Eye Surgery” has grown; the third edition is a fat volume 232 pages larger than its predecessor of 1950, 153 illustrations have been deleted and 275 new figures added, and the book has a green jacket instead of a red. The book does British surgical practice credit and has been generally accepted as a standard work; this new edition will certainly consolidate this position. Ophthalamic surgery is essentially an individualistic art; to it the saying quot homines tot sententiae certainly applies; and the great value of this volume lies in the fact that it is a record of Stallard’s own practice—it makes no pretence at being an exhaustive catalogue of the innumerable operations and modifications of operations to be found in a swollen literature. With his surgical aptitude and experience the author is in a unique position to be a sound guide; and with his extraordinary meticulousness (for each instrument in each operation is detailed, the type of each suture, the composition and timing of each drop instilled into the eye), there is no excuse for the disciple to go wrong. Moreover, the teaching is always sound and reasoned, while the value of superficially attractive innovations such as intra-ocular acrylic lenses or bloodless surgery by hypotensive drugs is sensibly assessed. The book should find a place in every ophthalmonic library.


The story of the war medicine of a campaign is always of interest—of much wider interest than to the soldier. For in modern national war the army, including its medical department, is mainly civilian in habit and spirit and it is interesting to see how, under the strains of a national emergency, the civilian doctor fits into the rigidity of military discipline, and how the regular army adapts itself to an influx which threatens to swamp the routine traditions of peacetime. Neither process is easy; and that it has worked so well in two world wars is a tribute to the universality and brotherhood of medicine. It is also a fascinating story of make-shifts and ingenuity, for as in the British Army, so with the American: no democracy is prepared for a large-scale war; each situation has to be met as it arises; and the lessons, successes, and failures of a previous war have to be relearned.

The present volume concerns itself with ophthalmology and otolaryngology; the first edited by Elliott Randolf of Johns Hopkins, the second by Norton Canfield of Yale University. The ophthalmological section is elaborate and complete. It tells the story of the administrative aspects and clinical policies of the ophthalmological service in the United States (the Zone of the Interior), in the Mediterranean, European, and Pacific theatres, and the arrangements made for the rehabilitation of blinded casualties. Thereafter follows a series of chapters on the clinical management of the more important types of war casualties—intra-ocular foreign bodies, uveitis, retinal detachments, nutritional amblyopia in prison-camps, night-blindness, and visual disturbances following head injuries, with final chapters on plastic surgery and chemotherapy and antibiotic therapy.

It is interesting to realize how long it took for the importance of ophthalmology to be adequately recognized, not only because of the urgency and unique nature of its surgical problems, but because of the operational requirement for the provision of an adequate spectacle service in a national army, for some 15 per cent. of which visual aids were necessary to maintain efficiency at the beginning of the war, a proportion which rose
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steadily as the need for man-power led to a progressive reduction in visual standards. The problem appears more serious when it is remembered that in the U.S. Army the average replacement-rate of spectacles for a soldier on active service was 30 per cent, and the average life of a pair of spectacles was 3 to 4 months.

Up to 1944 all matters relating to ophthalmology were handled centrally by surgical consultants; thereafter (as is always ultimately necessary) a special branch of the Office of the Surgeon-General was established. In each theatre the same difficulties were encountered; in each they were finally overcome. The story is a fascinating one and full of human interest. It is a record of which the United States can be proud, not least in the way in which an extraordinarily efficient rehabilitation scheme for the blind was evolved out of nothing.


The first edition of Sugar's book on glaucoma, which appeared in 1951, has been accepted as an able and authoritative exposition of the subject; it is good that a second edition has now appeared. The book follows the general pattern of its predecessor and discusses in considerable detail and with good judgment the physiological, pathological, clinical, and therapeutic problems associated with a raised intra-ocular pressure. The observations of Ashton on the anatomy of the drainage channels have to a considerable extent clarified an important aspect of the subject, and the physiology of the aqueous humour and the problems of its dynamics have been re-written by Everett Kinsey; it is, however, strange to see that the theory of aqueous formation by a redox mechanism is unhesitatingly accepted. Much new material has been incorporated regarding the technique of tonography, but it may be that its clinical implications have been over-simplified. New miotic drugs are amply described and an interesting innovation is a description of Guyton's technique of cyclodialysis. Altogether, this new edition presents an up-to-date and very reasoned picture of a difficult clinical problem written by an author who understands its implication more than most.

NOTES

INSTITUTE OF OPHTHALMOLOGY OF THE AMERICAS

Postgraduate Courses for Specialists

The Institute of Ophthalmology of the Americas of the New York Eye and Ear Infirmary announces a series of Postgraduate Courses for Specialists to be given from November 3, 1958, to January 9, 1959.

Courses will be given in the following subjects: Anomalies of Extra-ocular Muscles, including Ptosis; Aniseikonia; Biomicroscopy; Cataracts; Clinical Bacteriology; Complications of Ophthalmic Surgery; Electrophysiology of the Eye; Glaucoma; Gonioscopy and Tonography; Keratectomy and Keratoplasty; Lacrimal Sac Surgery; Medical Ophthalmoscopy; Near Ultra-Violet Biomicroscopy; Ocular Allergy; Ocular Biochemistry; Ocular Microbiology; Ocular Neuro-Ophthalmology; Ocular Photography; Ocular Radiology; Ocular Trauma; Ophthalmoscopy; Pathology; Perimetry; Plastic Eye Surgery; Pleoptics and Macular Function Testing; Psychosomatic Factors in Ophthalmology; Radio-Isotopes in Ophthalmology; Refraction; and Retinal Detachment.

Further information regarding the Courses may be obtained by writing to Mrs. Tamar Weber, Registrar, Institute of Ophthalmology of the Americas of the New York Eye and Ear Infirmary, 218 Second Avenue, New York 3, New York.