The object of both of these notes is to contest the validity of the claim that deficient illumination is the essential factor in the production of miners' nystagmus.

It should be noted also that the cases of nystagmus quoted are those arising in the year 1922.

Clearly, if deficiency of light were the essential factor, the percentage of nystagmus among the hewers should be very nearly equal to that among the other underground workers.

Further, on June 9 I gave the only evidence I could obtain of pits that were or had been using electric light only; electric light in these pits was associated with a great increase of nystagmus.

Therefore, in all the pits in the North, of which I have detailed information, the evidence is conclusive, and is opposed to the conclusions of the Miners' Nystagmus Committee.

My own view is that the disease only occurs in those who have a congenital pre-disposition to it; and that it is chiefly found amongst coal-hewers, and that deficiency of illumination is a negligible factor in its causation.

The last two points I have proved in those pits in the North.

Yours truly,

A. S. Percival.

Newcastle-on-Tyne.

OPERATIONS FOR CHRONIC GLAUCOMA

To the Editor of The British Journal of Ophthalmology

Sir,—I believe that the reason why a bleb forms after sclero-corneal trephining in some cases and not in others may be due to the fact that some glaucomas require much freer drainage than others.

I agree with Lt.-Col. H. Herbert (Operative Treatment of Glaucoma, 1923), that chronic glaucomas may be divided into two classes: (1) Where very little drainage only is necessary to restore the balance; (2) others in which only free drainage will effect this result. Iridectomy is probably only successful in No. 1, and, in my opinion, only then when a piece of iris happens to be left in the wound which acts as a drain—in other words "Iris inclusion." In nearly all cases of success after iridectomy careful examination with a high power will detect iris inclusion. It often happens that after sclero-corneal trephining the conjunctiva over the trephine opening becomes opaque, almost completely obscuring the hole, but pitting of the conjunctiva is well marked. On the other hand, if the case is in Class 2, then a bleb, more or less in size will form, due not, I believe, to the method of operation, but entirely caused by the amount of fluid which has to drain away. In these cases iris inclusion would most certainly
fail, only a free, permanent fistulous opening will be successful. If my conclusions are correct, sclero-corneal trephining is perfectly satisfactory in Class 1, and is the only operation which can succeed in Class 2. A few cases occur in which it appears almost impossible by any operation to keep the tension down.

After many years of practice I have come to the conclusion that if chronic glaucoma is present only one line of treatment should be adopted—operation: and that operation should be sclero-corneal trephining.

Yours faithfully,

H. H. Taylor.

NOTES

Sir J. Herbert Parsons, Mr. L. H. Willoughby Lyle, and Mr. Malcolm L. Hepburn, have been appointed examiners in ophthalmic medicine and surgery by the Council of the Royal College of Surgeons of England.

Messrs. F. C. Crawley and R. D. Joyce have been appointed examiners in ophthalmology by the Royal College of Surgeons in Ireland.

Mr. T. M. Bride has been appointed clinical lecturer in ophthalmology to the University of Manchester.

Captain W. H. Kiep has been appointed ophthalmic surgeon to the Royal Eye and Ear Hospital, Bradford.

Ophtalmic surgeons will be glad to know that at the recent annual election to the Council of the Royal College of Surgeons of England, one of their number, Mr. John Herbert Fisher, was elected.

Dr. Harry Vanderbilt Wurdemann, of Seattle, associate editor of the American Journal of Ophthalmology, on June 6, in Washington, D.C., was awarded the honorary degree of Doctor of Science by George Washington University, from which he graduated in 1888.

A new Scandinavian Journal

A new journal, Acta Ophthalmologica, will appear this month in Copenhagen, edited by Dr. K. K. K. Lundsgaard, who will be helped by correspondents in Lund, Helsingfors, Christiania, Copenhagen, and Upsala. The journal will be published in English, French, and German.
OPERATIONS FOR CHRONIC GLAUCOMA

H. H. Taylor

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