contrary, were I again situated where the intra-orbital problem was a commonplace, I should like to undertake a Shugrue-Moran approach for the sake of comparison, especially if decompression were an influential factor.

Yours faithfully,

R. E. WRIGHT.

FLEET, HANTS.

February 24, 1946.

LATERAL ORBITOTOMY (Krönlein's Operation)

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—Professor Milroy Paul in his paper "Cavernous Haemangioma of the orbit successfully removed by Shugrue's operation," *Brit. Jl. Ophthal.*, January, 1946, advises Shugrue's incision for lateral orbitotomy on the grounds that the other classical incisions are liable to cause orbicularis weakness through damage to branches of the seventh nerve.

I cannot claim any greater personal experience of Krönlein's operation than 7 cases, 2 of which were for the removal of a tumour inside the cone of the recti muscles and 5 for intra-orbital foreign bodies. In 5 of them I used a curved incision concentric with the lateral orbital margin from the centre of which a horizontal incision ran posteriorly about the level of the outer canthus over the malar bone and along the upper edge of the zygoma. The 2 flaps thus fashioned by these incisions were undermined at the level of the periosteum of the malar bone and the temporal fascia. In the two other cases 3 incisions made a flap with its base temporally.

In none of these cases was there any residual weakness of the orbicularis appreciated by clinical examination.

I think that the cleanest and least traumatic way of removing the lateral orbital wall is by either Gigli's or Stilli's saw. After the orbital periosteum is carefully separated from the bone it is retracted medially by a flat malleable retractor which serves also to protect the orbital contents. The temporal muscle is also retracted from the frontal process of the malar bone and the loop of one end of Gigli's saw is passed through the anterior extremity of the inferior orbital fissure and the bone cut in the horizontal plane of the lower orbital margin. On a horizontal plane a little above the external angular process and posteriorly at a point a little below where the temporal fossa merges with the base of the middle fossa of the skull a hole is made with an Archimedes drill, fitted with a stop, of sufficient size to allow the passage of the looped end of Gigli's saw.

The upper cut is made in this horizontal plane. The thin plate of bone between the drill hole and the inferior orbital fissure is cut through with a chisel.

Albee's electrically driven saw has certain mechanical disadvantages and the use of a chisel is I think unnecessarily traumatic in dividing the thick parts of the malar bone. The work with a Gigli's saw is done more quickly.

The quadrilateral piece of bone is replaced at the end of the operation. Dissection of an intra-orbital tumour is often done more easily and with the least injury to intra-orbital structures with the operator's gloved forefinger or a straight blunt-ended lacrimal dissector.

Nowadays there is a tendency for the transfrontal approach through the roof of the orbit to be favoured instead of Krönlein's operation. This is only justified when the optic canal and the bones at the apex of the orbit are involved in a disease process and this is the intra-cranial extension. In cases where the tumour is limited to the orbit the approach through the lateral wall of the orbit is the more direct, the less traumatic and dangerous, and more likely to succeed in removing the tumour.

Yours faithfully,

H. B. STALLARD.

LONDON, W.1.

NOTES

Death

AS we go to press we regret to record the death of A. Maitland Ramsay on March 20.

We hope to give an obituary notice in our next number.

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Appointment

MR. J. COLE MARSHALL has been elected Consulting Surgeon to the Western Ophthalmic Hospital on completion of his term of active service there. He is also a Life Governor and Trustee of the Institution.

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Irish Ophthalmological Society Annual Meeting

THE Annual Meeting of the Irish Ophthalmological Society will be held on May 9, 10 and 11, in Dublin. The Montgomery Lecture will be delivered by Sir Stewart Duke-Elder on the 9th. Members