CORRESPONDENCE

VON GRAEFE *versus* KERATOME

To the Editorial Committee of the

BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—In Mr. Neubert's letter in your December issue (*British Journal of Ophthalmology*, 35, 798) he writes as if it were impossible to suture an eye that has been incised with a knife. This is of course not so, but nevertheless I was much interested to read his letter, although I cannot agree with his statements. In 1947 I was able to spend two months in New York watching Mr. Castroviejo's work. On my return to India I adopted his technique and have used it for the last 350 cataract extractions which I have done. I work without an assistant, but I find no difficulty in so holding the conjunctival flap that I can watch the tip of the keratome. Similarly, when enlarging the incision with curved scissors, the blades can be watched within and without the anterior chamber, although after a time it is often not necessary to watch the blade within the chamber since its position can be felt. I have never had to use a vectis because of an oblique incision.

This technique admittedly takes a little longer; my first case took about an hour but now twenty minutes is about the average time from starting the conjunctival incision to tying the last stitch. It is a very satisfactory procedure and one feels that one has completed a proper surgical technique with an incision adequately sutured, which is of great importance in a jungle hospital where we have insufficient staff to watch all the patients all the time. On one occasion I found an old man climbing the hospital fence on the morning following his operation, with, I am glad to say, no untoward results. This would not have been so in the days when I used a knife and did not suture my incisions.

Yours faithfully,

G. D. LEHMANN.

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February 11, 1952.

METHONIUM COMPOUNDS IN OPHTHALMIC SURGERY

To the Editorial Committee of the

BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—We have read the article by B. W. Rycroft and G. J. Romanes in your January issue reporting the use of methonium compounds and general anaesthesia in ophthalmic surgery (*British Journal of Ophthalmology*, 36, 29) with a little disquiet.