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.

HERBERTPUR MISSION HOSPITAL,
HERBERTPUR P.O.,
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UNITED PROVINCES, INDIA.
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.

Surely the only reason for using this technique is for the direct benefit of the patient; and in every operation any advantage gained must be balanced against the added risk run. It appears from this report that the main objective is to facilitate surgery and to produce a better result. It is admitted that the operations mentioned are not impossible of performance without this agent "but all are rendered more easy and accurate with it".

The method reviewed is still in the stage of investigation. The factor of danger to the patient has been by no means fully evaluated. At present, each new finding will allow the existing limits of the technique to be pushed out a little further. So is experience being gained.

Many points in this article must still be considered to be in the melting pot. Only with the gaining of much more experience can the method become accepted, or even maybe rejected.

We feel most strongly that it cannot be too often repeated that this technique is still in its experimental stages.

Yours faithfully,

RUSSELL M. DAVIES.
A. A. MASON.

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QUEEN VICTORIA HOSPITAL,
EAST GRINSTEAD, SURREY.
February 20, 1952.

CONGENITAL PIGMENTATION OF THE CORNEA

To the Editorial Committee of the

BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRS—I was much interested to read in your February issue Eugene Chan's well-reasoned explanation of the anomaly of congenital pigmentation of the cornea (*British Journal of Ophthalmology*, 36, 104).

Some time ago I was struck by the frequency with which one sees corneal and subconjunctival pigment deposits among Gold Coast Africans. In an attempt to assess this and other clinical findings, which I thought were variations of the physiological normal, I examined the eyes of two hundred African school children. These were all attending Accra schools and were apparently healthy.

My notes show that I recorded the presence of "subepithelial pigmentation of the cornea" in 192 of these children, and subconjunctival pigmentation in 198 of them. The condition was bilateral, and the appearance and location of the corneal pigment were exactly similar to those in the case described by Chan. The irides of the African children were deeply pigmented, but in those who had no corneal pigmentation the skins were pale; this pallor was found to be associated with a history of European ancestry within the previous few generations.

Yours faithfully,

JOHN W. R. SARKIES.

OPHTHALMIC DEPARTMENT,
GOLD COAST HOSPITAL, ACCRA.
March 6, 1952.