Obituary

L. H. Savin, MD, MS, MRCP, FRCS

Lewis Herbert Savin, who died on 11 July 1983 at the age of 82, had a distinguished career in ophthalmology, both as a surgeon and as a teacher, at King's College Hospital and Medical School and at the Royal Eye Hospital.

His early boyhood was spent in China, where as the son of medical missionaries he watched his father at work in the hospital he had founded at remote Chao Tung in Yunnan. A few months before his birth his parents were in grave danger in the wake of the Boxer rebellion, but were given sanctuary by a local war lord whom they had treated and were smuggled out of the country. After his birth in England the family returned to Yunnan to continue their medical work. This early oriental background would seem to have had an

influence on his way of thinking and manner, and though in fact original and decisive he often expressed himself obliquely with a diffidence and self effacement which could be misunderstood by those who did not know him well. He eventually was sent back to England for his education at Christ's Hospital and gained a Warneford scholarship to King's College Hospital

Medical School in 1918.

After qualifying in 1923 he commenced his ophthalmic career as house surgeon at the Royal Eye Hospital. There followed 5 years of general medicine and surgery during which he gained in quick succession the FRCS, the MRCP and the degrees of MD and MS (London) in which he was awarded the university medal in ophthalmology. He held ophthalmic appointments at the Metropolitan, the Maudsley, Dulwich, and Whipps Cross Hospitals, but his main work was at the Royal Eye Hospital and King's College Hospital, where he was appointed honorary consultant ophthalmic surgeon in 1931. In the same eventful year he married Miss Mary Griffith, who always supported him so well and whose recent death was a sad blow for him and their family.

For those who worked with Lewis Savin during the war years and immediate postwar period at the Horton Emergency Hospital they were remarkable times. With tireless enthusiasm he would tackle not only prodigious eye operating lists but also any general surgery the difficult times made necessary. The use of nonferrous alloys in aircraft and other weapons brought new ocular problems, and he carried out valuable pioneer work which culminated in a Hunterian oration in 1943 on 'Nonmagnetisable intra-ocular foreign bodies' and in 1947 a beautifully produced Report for the Vision Committee of the Medical Research Council entitled 'The effect of aluminium alloys on the eye.'

He spoke at ophthalmic meetings and wrote many papers on a variety of subjects with a witty and inimitable style and

was honoured by high office in the Royal Society of Medicine, the Ophthalmological Society of the United Kingdom, and the University of London, to which he was appointed staff examiner in ophthalmology. As president of the Faculty of Ophthalmologists he introduced informal Presidents' News Letters which did much to engender cohesion in the specialty. In 1953 he counted himself to be particularly honoured to be appointed Fellow of King's College, London.

His lectures both to undergraduates at King's and post-graduates at the Royal Eye were always fascinating and illustrated by his skilful and witty drawings. They still remain a vivid memory to those who had the privilege of hearing them. The students at King's showed their appreciation by twice inviting him to become president of their Listerian Society.

Inevitably one tends to write of Savin's ophthalmic activities, but he read widely and much enjoyed discussing literary or historical matters or some rural problem which he encountered on his farm in Sussex, where many Savinian innovations made it a most unorthodox agricultural scene. While delighting in pure science he always wished to apply it to practical purposes, and he arranged tours of factories for his assistants so that industrial ophthalmology should not be neglected. In the early days when operational research was introduced by Sir Charles Goodeve he was invited by Savin to advise on efficiency at the Royal Eye Hospital, and there can be few hospitals today which would not benefit from disinterested scientific assessment of their efficiency and not without loss of human values but rather giving those values more chance of realisation. Savin's clear mind saw this, and it has been an inspiration to all those who had the privilege of working with him. Lewis Savin will be sadly missed by his family, by his patients, and by his colleagues, who so much appreciated his unfailing kindness and were honoured by his friendship.

R. P. C.

Correspondence

Dry eyes and vital staining

SIR, Mr P. Wright and Mr R. Vogel¹ claim that it is difficult to use reproducible objective criteria for judging dry eyes. The rose Bengal vital staining of cornea and conjunctiva was responsible for a considerable irritation and increase in local symptoms. A nonirritant vital stain to replace rose Bengal would be a great addition to the ophthalmic diagnostic armamentarium. I would like to add that lissamin green 1% could be used instead of rose Bengal, being almost non-irritative and having just the same vital staining properties as rose Bengal.^{2,3}

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MOGENS S. NORN

References

- 1 Wright P, Vogel R. Slow-release artificial tear inserts in the treatment of dry eyes resulting from the oculomucocutaneous syndrome. *Br J Ophthalmol* 1983; 67: 393-7.

Notes

- 2 Norn, MS. Lissamin green. Vital staining of cornea and conjunctiva. *Acta Ophthalmol (Kbh)* 1973; **51**: 483-91.
- 3 Norn MS. *External eye. Methods of examination*. 2nd ed. Copenhagen: Scriptor, 1983: 212.

main theme will be 'Metabolic eye diseases.' Details from 7th Congress of the European Society of Ophthalmology, c/o Holland Organising Centre, 16 Lange Voorhout, 2514 EE The Hague, Holland.

Notes

Granulomatous disorders

The Tenth International Conference on Sarcoidosis and other Granulomatous Disorders will be held on 17-22 September 1984 at the Johns Hopkins School of Medicine, Baltimore, Maryland, USA. Abstracts should be sent by 15 January 1984. Details from Carol J. Johns, MD, Turner Auditorium, Room 17, Johns Hopkins University School of Medicine, 720 Rutland Avenue, Baltimore, Maryland 21205, USA.

Cornea and eye banking

The 1st International Cornea and Eye Banking Symposium will be held by the Eye Bank Association of America on 6-8 June 1985. Details from Office of Continuing Education, Baylor College of Medicine, Texas Medical Center, Houston, Texas 77030, USA.

Ocular tumours

A National Symposium on the diagnosis and management of intraocular and extraocular tumours will be held on 17-19 February 1984 at SN Medical College Hospital, Jodhpur, India. Details from Professor M. R. Jain, Department of Ophthalmology, SN Medical College Hospital, Jodhpur 342001, India.

European Society of Ophthalmology

The 7th Congress of the European Society of Ophthalmology will be held in Helsinki, Finland, on 21-25 May 1984. The

Cataract surgery

The 6th International Cataract Surgery Symposium will be held on 20-22 February 1984 at the Cottonwoods Resort, Scottsdale, Arizona. Details from the Eye Foundation, 525 N 18th Street, Suite 504, Phoenix, Arizona 85006, USA.

History of ophthalmology prize

Historia Ophthalmologica Internationalis has founded a prize of US\$ 1250, plus a set of Hirschberg's *History of Ophthalmology* translated into English by Dr F. Blodi, the value of which is more than US\$ 1000. This prize, to be awarded every 2 years, will be for a paper related to the history of ophthalmology and written by an ophthalmologist less than 40 years of age. The jury will be the Academia Ophthalmologica Internationalis. The first prize will be awarded in 1984. Papers should be submitted to Mr J. P. Wayenborgh, Postfach 1031, D-6550 Bad Kreuznach, West Germany, before 1 May 1984.

Ophthalmological Society's Annual Congress

It is proposed to hold an exhibition on the use of computers in ophthalmology on 13 April 1984. Ophthalmologists who would like to participate in this exhibition are invited to contact the Honorary Secretary, Ophthalmological Society of the United Kingdom, 35/43 Lincoln's Inn Fields, London WC2A 3PN. Facilities will be available for individual ophthalmologists to set up and demonstrate their own computers.

Amendment to paper

Mr M. K. Tutton states that the second paragraph in Tutton MK, Smith RJH, Comparison of ocular hypotensive effects of 3 dosages of oral atenolol, *Br J Ophthalmol* 1983; **67**: 664-7, should be amended as follows: 'The aim of this study was to investigate, firstly, the use of atenolol as an addition to existing antiglaucoma medication in patients with either chronic simple glaucoma or ocular hypertension; secondly, to evaluate any dose-dependent intraocular pressure-reducing ability with 3 dose strengths of oral atenolol, 25 mg twice daily, and 50 mg and 100 mg once daily; and, finally, to ascertain whether the above doses could maintain lower intraocular pressure after 12 hours for the 25 mg dose twice daily, and after 24 hours for the 50 mg and 100 mg daily dose.'