intraocular fluids the more easily under the influence of the increased fluid traffic set up after an osmotic dehydration.

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THE SCLERAL STITCH IN ADVANCEMENT OPERATIONS

BY

W. DUNCAN LAWRIE, M.D., F.R.C.S.E.

STOKE-ON-TRENT

THE modification in the grip of the needle-holder shown in the illustration, combined with the use of Worth's straight cutting scleral needle, will be found to enable the scleral stitch to be inserted with lightness and ease.

The grip is as in holding a pen, with the exception that the middle finger takes no part in it. The holder used is the one

which goes by the name of Landolt's, but that is not essential. It is introduced from above the orbital margin by the right hand when working from right to left and by the left hand when working from left to right, or when working from left to right the instrument may be used from below with the right hand. The needle is fixed in the holder so that the flat surface of its cutting end can be readily placed on the sclera parallel with its surface. The method allows a light hold and the forefinger does the work of supplying the necessary pressure.

Better practice can be got in passing the needle on an ordinary thin postcard such as is sold in packets of ten a penny than on a pig's eye.

NOTE.—Since writing the above Messrs. John Weiss & Son have made a needle-holder for use in this operation, which has the advantage of lightness and ease of release, after the pattern of Worth's advancement forceps.

In inserting the scleral stitch in advancing the left external rectus it is best to stand in front and on the right side of the patient; and to stand behind the patient in the case of the right external rectus. During the preliminary part of the operation, as far as and including the division of the muscle, stand behind for the left external rectus, in front and on the right side for the right external rectus. For practice in inserting the scleral stitch, paper of the thickness and quality of many advertisement pamphlets is better than a post card, and a good deal of practice is necessary.