

## ANNOTATION

## The Gift of Experience

This gift, according to Harold Gifford, is the great possession of the "old man in medicine." Too often it is ruthlessly thrown away by its owner when he retires, either to a place where there is traditionally no disease or to a devotion of the remaining years of his life to some pursuit other than medical. The process of acquiring this experience has then to be gone through again by the younger generation who in their turn throw it away. It seems a pity that there should be this waste of carefully garnered and sifted information, and that some broadcasting of their experience should not be customary for those who are retiring from practice. It might be possible, for example, for an eminent ophthalmic surgeon of ripe experience to embody the most valuable parts of this in an article not necessarily limited to one particular part of ophthalmology. Such an article has recently been written by the younger Gifford (*Arch. of Ophthal.*, July, 1930), on the practical procedures used by his father, and it contains a host of useful tips, among which are the following. "In pterygia, small epibulbar tumours or dermoid cysts of the lids, he would often transfix the growth with a suture on which gentle traction was made while the dissection was done. Such little growths as were suspected of malignancy were usually outlined with a fine electrocautery point before removal so as to avoid inoculation of healthy tissue with the knife. Their base was thoroughly cauterized after removal." A large conjunctival flap was obtained in cataract operations by injecting a little cocaine at the site of the puncture and allowing a few drops of aqueous to escape subconjunctivally before the conjunctiva was counterpunctured. With this method of operating, iris prolapse was rare, and when it occurred was subconjunctival. It was dealt with by injecting cocaine to produce oedema round the prolapsed part and introducing a fine knife through the conjunctiva and iris into the anterior chamber. The knife was turned a little before being withdrawn. Iridotomy was performed with a narrow cataract knife inserted at the limbus in the horizontal meridian and stabbed quickly through the iris beyond its centre. The knife was withdrawn by a quick sawing pull and a good central gap resulted. Instead of performing a Mules' operation, Harold Gifford used to open the eye by a horizontal incision with a cataract knife through the cornea and ciliary region, remove the contents and leave the cornea in place, simply pressing it back against the sclera by means of a sponge covered with zinc oxide ointment and placed between the lids.

The resulting stump was just as good as that obtained by any other method. Some of these procedures are probably well known to readers of this article but the fact that they have stood the test of long experience is a guarantee of their efficacy for those who have not tried them.

Similar articles by other ophthalmic surgeons describing procedures which have stood the test of time would be of immense value to the younger school and well worthy of publication.

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## ABSTRACTS

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### MISCELLANEOUS

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- (1) **Ridley, F. (London).**—The intra-ocular pressure and the drainage of the aqueous humour. *Brit. Jl. of Exper. Pathol.*, Vol. XI, pp. 217-240, 1930.

(1) After a critical examination of existing theories **Ridley** concludes that the evidence does not justify the belief that the aqueous drains into the scleral veins via Schlemm's canal or into the capillaries of the iris. The experiments upon which **Leber** based his conclusion that the cornea is impermeable are also challenged.

A series of experiments upon excised eyes and upon the living eye in the anaesthetized rabbit is advanced to show that the normal cornea is permeable in both directions to water and diffusible substances in solution and that this permeability is most marked at the periphery. Impregnation of the cornea with dyes or silver salts shows that the cornea extends to the root of the iris and that the pectinate ligament is opposed to corneal tissue.

Previous work upon the aqueous is briefly reviewed and the view that it is formed by dialysation is supported. Recent work by **Adair** upon the "activities" of ions in physiological fluids is advanced in opposition to **Duke-Elder's** view that a Donnan equilibrium has been demonstrated between the blood and aqueous; the latter's conclusion that there is normally no drainage of the aqueous is disputed.

Tears are next examined in the same light. An analysis of tears shows that the diffusible constituents of blood are present in similar proportion and the osmotic pressure of tears was found to be a little less than that of the blood. The salt content of tears is only 0.658 per cent. while the protein is as high as 0.669 per cent. The sugar content is given erroneously as 0.65 per cent; this should read 0.065 per cent. Under carefully reconstructed physio-