

“GUNN'S DOTS”

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,

Your annotation on this subject, and Mr. Paton's letter thereon, remind me of an instance which happened to myself when working with Mr. Nettleship some thirty or more years back. For I quite unconsciously re-discovered these dots when examining the fundus of a patient who had recently been exhibiting symptoms of night-blindness, and, thinking I had found a physical basis for nyctalopia, I joyfully approached Mr. Nettleship with the news of my discovery. Immediate was the reply from that accurate observer, "Are you acquainted with 'Gunn's dots,' Taylor?" Well, I wasn't and felt crushed.

I have noticed them a good many times since then, and mainly above and below and to the nasal side of the O.D., never towards the periphery of the fundus, and scarcely at all in the macular region.

One must look a little obliquely at the area where they are, and not straight at it, and, of course, by the direct method only.

They are found in youngish people, and are generally noticed by accident when looking for something else.

I do not think any symptoms are definitely and invariably associated with them; but "asthenopia," like "Mesopotamia," is a useful and precious word.

Yours, etc.,

S. JOHNSON TAYLOR.

NORWICH,
March 16, 1918.

P.S.—I find no mention of them in Fuchs's admirable text-book of 1911.

THE EXTRACTION OF CATARACT

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—The last half of Dr. Johnson Taylor's letter in the February number of the JOURNAL, regarding the comparative merits and dangers of the simple as against the combined extraction, in his own words, "should not pass unnoticed."

To take his various points in order:

1. Cosmetic gain. No cosmetic reason should take precedence over safety, and this advantage may therefore be dismissed at once if there is any risk.

2. Scarcely any pain during and much less after operation.

How much does this really amount to in practice? And there is seldom any after operation in uncomplicated cases.

3. Fewer instruments introduced into the eye.

Apparently Dr. Johnson Taylor considers that the risk of dealing with a prolapse at a second operation is less serious than passing iridectomy forceps into the eye at the first operation.

4. Much less bleeding.

How often do we meet with bleeding when the iris is cut, except in diabetic cases and those with very degenerated vessels?

5. Much less risk of prolapse of the vitreous.

Operators who are gentle in their manipulation seldom get prolapse of the vitreous, except in complicated cataracts where the tendency is suspected beforehand.

6. Practically no risk of capsule being drawn up into the wound, etc.

This is the only real advantage of a simple extraction, and is well known to all advocates of the combined method, and has been carefully weighed against the one real disadvantage, viz. :—prolapse.

7. When needling the capsule . . . causing increased tension.

How often has Dr. Johnson Taylor seen rise of tension after needling? It is undoubtedly rare considering the number of needlings that are undertaken.

And what is Dr. Johnson Taylor's definition of a "good" operator? To take an example from a sport which I know best. A mountaineer is recognized as "good" when he is a safe man to go with; who takes all the risks, reduces them to a minimum, and never forgets for a moment that the lives of his companions on the rope are largely in his hands. He may not be a brilliant cragsman, nor a man who can glissade gracefully and keep his balance down a snow slope of 1000 feet; but he is a "good" mountaineer for all that. The same principle may apply to a surgeon and an operator.

Yours, &c.,

MALCOLM L. HEPBURN.

HARLEY STREET,
CAVENDISH SQUARE, W.1.
February 23, 1918.

BOOK NOTICES

Eye, Ear, Nose and Throat. A manual for students and practitioners. By Dr. H. C. BALLENGER and Dr. A. G. WIPPERN. New second edition. Pp. 524, with 180 engravings and eight coloured plates. Lea & Febiger, Philadelphia and New York, 1917. Price 3½ dollars.

The first 164 pages of this work are written by Wippern and deal with ocular diseases. This space, all too brief, is further