CORRESPONDENCE

**"POSTERIOR NEEDLING" IN THE TREATMENT
OF LAMELLAR AND OTHER FORMS
OF SOFT CATARACT**

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—I have to thank you for your courtesy in allowing me to read Mr. Hepburn's letter, which seems to call for a reply.*

Re-reading my paper, I do not think I have been guilty of much, if any exaggeration. The paragraph to which Mr. Hepburn takes most exception is that referring to the advantages of the posterior operation, in which I indicate the ideal course of the anterior operation, the uncertainty regarding the rate of swelling of the lens, the possibility of curette extraction at an early stage, and the complications which may arise if this has to be done when tension has risen or the eye has become irritable.

I have no difficulty in believing that Mr. Hepburn gets excellent results from the anterior operation, especially if he performs a curette extraction when lens matter comes forward into the anterior chamber; but I think he will admit that a curette extraction is a "bigger" operation than a needling in a young child, and is more likely to require a general anaesthetic. Incidentally, it also brings up the number of operative procedures to at least three. My remarks about "unfavourable conditions" and the use of a general anaesthetic referred, of course, to those cases where, in the hope that the dissolving lens will become spontaneously absorbed, an early curette evacuation has not been done, and iritis or rise of tension has supervened. Although it is many years since I did an anterior operation for infantile or juvenile cataract, I have seen the complications referred to, and I do not think I exaggerate their importance unduly. Taking down from my shelves half-a-dozen text-books and three or four volumes on the operative surgery of the eye, I find that they all speak of the possibility of such complications of the anterior needling operation in more or less emphatic terms. Moreover, the explanations they offer show that there is still no agreement as to the kind of incision which will enable us to avoid them. Is it likely that all these authors would refer to such occurrences if they had not come within their experience?

As regards Mr. Hepburn's statements that "swelling of the lens can only take place when the capsule is intact or practically intact," and "to talk of swelling of the lens when masses of

* Professor Ballantyne's letter did not reach us in time to be included in the November issue.—*Editors.*

opaque lens matter are protruding from the opening in the capsule and filling the anterior chamber, is a mistaken use of the term," I find them bewildering. To what extent can a lens swell when its capsule is intact? A lens capsule which has been needled, however imperfectly, may be "practically intact," according to Mr. Hepburn's nomenclature; but it is not intact; and if a needled lens imbibes fluid, and thereby becomes more bulky than it was before needling, surely "swelling" is an appropriate name for the process.

If my memory serves me, the experiments of Sir J. H. Parsons, referred to by Mr. Hepburn, consisted in passing a needle or knife across the vitreous chamber to wound the retina and choroid at the opposite side of the globe, and were conducted in association with a study of the scars produced by metallic foreign bodies. The conditions here are scarcely comparable with those of the posterior needling operation. In any case, my paper was not concerned with theoretical considerations of what might or should happen, but with the practical question of what does happen.

Finally, while I recommend the posterior needling operation primarily just because I believe it to be the "safest and best for the patient," I think that questions of cost in time and money are not irrelevant in the choice of an operation. To most of our patients in Glasgow, and I fancy in London, expense is an important consideration, and, hospital waiting-lists being what they are, anything which reduces the demand for beds is usually welcomed.

Yours faithfully,

A. J. BALLANTYNE.

11, SANDYFORD PLACE,
GLASGOW, C.3, *October 20, 1936.*

OBITUARY

FRANK CRESSWELL

It is with great regret that we record the death on October 6, of Mr. Frank Pearson Skeffington Cresswell of Cardiff. He was born at Dowlais, Glam., where his father had a great reputation as surgeon to the Dowlais Iron Works. Educated at Christ's College, Brecon, and at University College, Cardiff, he came to London for his medical training and entered Guy's Hospital. He took the B.Sc.Lond. in 1887 and qualified M.B., B.S., Lond. in 1893, proceeding to the F.R.C.S.Eng. in 1894. At Guy's he came under the influence of Charles Higgins and Brailey and, after a period