

ANNOTATIONS

The Contracted Socket

So frequently has the result of reconstructive work for a contracted socket been disappointing that many eye surgeons have been discouraged from attempting the operation in severe cases. Grafts made to line the socket may be adequate at the time of operation but contract appreciably afterwards. The epithelial lining of the reconstructed socket becomes white, sodden, and often discharges copiously, and the socket may emanate an unpleasant smell. Sockets made by impressing a mould are deep and in such the prosthesis sinks back and has little or no mobility when the recti muscles are in action.

Some of these ill effects of grafting may be either removed or at least reduced by attention to certain technical details. Sockets are less foul when lined by a very thin dermo-epidermal graft such as may be cut by a carefully adjusted Humby's knife. The deep socket resulting in immobility of the prosthesis is avoided by preparing before operation a stent or glass mould which is oval and biconvex like a plus 16-20 lens, through which is bored one or two holes about 4 mm. in diameter. The long axis of the oval is placed transversely and the equator of this biconvex mould is made to reach within about 3 mm. of the orbital margins, that is the extent to which the soft tissues are separated in the floor of the socket. By removing this mould for cleansing purposes daily and replacing it for constant wear between dressings for 3 months contraction is to a large extent prevented. When the eyelids are in a reasonable state of preservation socket reconstruction is worth an attempt. In cases where the eyelids are much destroyed and the socket contracted it is generally preferable to abandon reconstructive work and after excising the conjunctiva to suture the skin edges together over the orbital cavity.

On Monocles

A paragraph in one of the Daily Pictorials last autumn drew attention to the fact that a Chief Petty Officer Electrical Engineer, R.N., who had worn a monacle in civil life before volunteering for the navy, decided to continue wearing it afloat. When questioned by his commanding officer he is stated to have convinced him that he had no reason for wearing "two windows" when one would do, and shortly after an Admiralty Fleet order headed Monocular Vision was promulgated.

The word monacle is one of those words of hybrid derivation, part

Greek and part Latin, which is as a red rag to a bull to the pedantic. But it is not of particularly recent development for we have met with a certain Simon Monoculus in a record of the time of King John. Simon was one of a crowd accused of murder but we never learnt what happened to him.

Most ophthalmic surgeons in the past have looked rather askance at the monocle and in the majority of instances with reason. For an unioocular person there can be no objection to the wearing of a monocle, but in the case of those with the statutory allowance of eyes it is usually unnecessary and we have even heard it hinted that the wearing of a monocle is a piece of affectation. For occasional use such as the scanning of a menu or programme a monocle is decidedly useful in presbyopes. And a person with one amblyopic eye may reasonably use a monocle if the seeing eye needs uncomplicated assistance such as a simple sphere. Such a man as Sam. Johnson, who had one very amblyopic eye, might have worn one, but we should have been sorry for the fellow members of his clubs who had to contemplate his appearance in it. If moderate or marked astigmatism be present it is usually best to advise against the wearing of a monocle, for it is difficult to ensure, even with a flanged frame, that the axis of the cylinder will be exactly in the right position.

ABSTRACTS

MISCELLANEOUS

- (1) **MacCallan, A. F. (London).**—Some diseases of the eye met with abroad. *The Practitioner*, p. 71, February, 1944.

(1) The February number of *The Practitioner* contains a number of articles on diseases of the eye contributed by different authors by request. The present article is one of these; it mainly consists of an elementary exposition of the diagnosis and treatment of trachoma.

A. F. MACCALLAN.

- (2) **Ray, Bronson S. and McLean, John M. (New York).**—Combined intra-cranial and orbital operation for retinoblastoma. *Arch. of Ophthalm.*, Vol. XXX, No. 4, p. 437, October, 1943.

(2) Ray and McLean, analysing the literature, find that the average survival rate after enucleation for retinoblastoma is only 18 per cent., though in a recent report (1941) covering 31 cases, the rate has been improved to 35 per cent. The most important single