ABSTRACTS

I.—CATARACT

- (1) **McNabb, H. H. (Manchester).**—The treatment of traumatic cataract. *Trans. Ophthalm. Soc. U.K.*, Vol. LXII, p. 207, 1942.

(1) **McNabb** recommends expectant treatment as a general principle in traumatic cataract. The age of the patient is a factor in deciding the treatment. In children absorption of the opaque lens matter will generally proceed without rise of intra-ocular pressure. Rarely is evacuation of the opaque lens matter necessary on account of secondary glaucoma. When this is so evacuation must be done cautiously and easily to avoid vitreous loss. The author states that sepsis as a complication of penetrating wounds of the eye has been reduced at the Manchester Royal Eye Hospital by dusting the wound with powdered sulphapyridine, and giving this drug by mouth. Many cases of infection of the anterior part of the eye cleared up, but the author did not see recovery when the vitreous had become septic.

Copper and brass in the lens may cause little reaction, and iron and steel may give rise to no trouble for a long time, but in most cases siderosis occurs eventually. Glass and porcelain may cause no trouble. A thorn and a wooden splinter frequently produce infection. If there is much irritation of the eye the foreign body should be removed from the lens at once. In cases where it is embedded in the lens and there is only a localized opacity it is better left alone, whereas if the lens is densely opaque removal is proper. A small foreign body protruding from the capsule associated with a localized opacity is better left if the eye is quiet, for its removal will re-open the capsule and may cause further opacification.

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- (2) **Black, G. W. (Leeds).**—Results of treatment of traumatic cataract. *Trans. Ophthalm. Soc. U.K.*, Vol. LXII, p. 215, 1942.

(2) **Black** surveys the results in 40 cases of traumatic cataract treated at the Leeds General Infirmary during the years 1932-42. Thirty-four of these showed perforating corneal injuries and in 15 an intra-ocular foreign body was found. Six were concussion injuries. He discusses the incidence of deviation of the eye and the pathology of lens remnants. In 22 cases vision was reduced to either hand movements or counting fingers at a short distance, and with no possibility of improvement without further operation.

The absence of retinal detachment as a complication of traumatic cataract from perforating injuries deserves mention. In 18 cases with stationary cataracts and with aphakic correction, the average vision is 6/18 in this series.

The author comments that blast from aerial bombs may rupture the globe and severely damage the retina, but does not produce a simple concussion cataract. He discusses the advantages of unioocular cataract extraction in these cases. The recovery of visual field outweighs the disadvantages of diplopia which the patient is generally able to ignore by day but may be troublesome by night. When a contact lens is worn over the aphakic eye the majority of patients require some orthoptic training to overcome the heterophoria present in these cases.

The author takes a conjunctival swab of penetrating wounds of the eye and is guided by this in giving appropriate chemotherapy. Full dilatation is essential. In severe inflammation subconjunctival injections of atropine and adrenaline should be given.

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II.—MEDICAL OPHTHALMOLOGY

- (1) **Wise, G. (New York).**—Ocular rosacea. *Amer. Jl. Ophthalm.*, Vol. XXVI, p. 591, 1943.

(1) **Wise's** paper contains an admirable survey of the clinical features and a discussion about the aetiology of ocular rosacea. This disease affects the eyes after its manifestations on the face. At present its cause is unknown. It is not a manifestation of riboflavin deficiency nor is the administration of riboflavin by mouth or intravenously of any value.

Gastro-intestinal disturbances, focal infection and endocrine disorders are not fundamental aetiological factors, but in some cases may be transient aggravating factors. Lowered gastric acidity is not specific for rosacea and its presence is of no special significance.

Except in the unusual and rare cases of severe ocular rosacea without secondary infection, most of the distressing symptoms and sequelae of ocular rosacea are due to secondary infection with staphylococci. This secondary infection can be controlled in most cases with 5 per cent. sulphathiazole or sulphadiazine ointment used locally several times a day.

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III.—OPERATIONS

- (1) **Philps, A. S. (London).—The extraction of magnetic foreign bodies from the vitreous chamber of the eye.** *Trans. Ophthalm. Soc. U.K.*, Vol. LXII, p. 169, 1942.

(1) **Philps** describes the technique he uses for extraction of intra-ocular foreign bodies by the posterior route. With Mellinger's giant magnet the foreign body is attracted towards the equator beneath the external rectus muscle. The tendon of the external rectus is divided between catgut sutures. A mattress stitch is passed antero-posteriorly through the superficial layers of the sclera and between the loops of this the sclera, choroid and retina are incised the desired amount with a keratome. The tip of a hand magnet is brought up to the wound and the foreign body extracted.

The author discusses the advantages of this method. He has thus treated 13 cases, and the visual results are as follows:

6/12 or better	...	...	5 patients
6/18	...	...	1 patient
6/60	...	...	1 „ (vitreous haemorrhage)
Finger counting	...	...	1 „ (vitreous haemorrhage)
Accurate light projection	...	...	3 patients
Loss of eye	...	...	2 patients

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- (2) **Buxton, R. (Weston-Super-Mare).—Anaesthetics for ophthalmic operations.** *Trans. Ophthalm. Soc. U.K.*, Vol. LXII, p. 179, 1942.

(2) **Buxton** recommends phenobarbitone gr. 1 daily during hospitalization before operation, and the same dose on the morning of operation, also the use of sedormid or soneryl at night. He favours dессicain 0.5 or 1 per cent. for surface anaesthesia and novtox with adrenaline for infiltration.

In the case of inflamed or congested eyes requiring a subconjunctival injection of novtox, a pledget of cotton wool soaked in cocaine 5 per cent. and adrenaline is applied to the part of the eyeball for injection.

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BOOK NOTICE

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