Both eyes were kept covered for eight days, drops being given daily. On January 29, 1944, the fundus was examined in bed. Two vitreous opacities were observed. Six daily injections of collosol iodine, C.I.N.S. were given intra-venously.

He was discharged from hospital on February 12, 1944, by which time the eye was almost free from redness. Vision was 6/24, improved by a lens to 6/18. The vitreous opacities were still present but considerably smaller. The operation scar could be seen as a broad white line with surrounding black pigmentation.

Discussion

The technique employed appeared to reduce the loss of vitreous to a minimum. The sutures in the sclera were used to suspend the eye as it were from two slings, to rotate the eye, to open and close the wound as required.

The use of a cataract knife to incise the sclera is a deliberate and controlled procedure. The insertion of sutures in the sclera before incising it is recommended. It has the additional advantage of enabling the wound to be closed immediately in case of necessity.

The magnification of a foreign body in the anterior layers of the vitreous is noteworthy. It is roughly three magnifications, and had this been appreciated beforehand, removal would not have been so light-heartedly undertaken.

ANNOTATIONS

Ophthalmology in the National Health Service

Ophthalmology and dentistry are classed more or less together in the White Paper now before the profession, and it is stated that there must be delay in reaching a stage at which general dental and ophthalmic services can be provided for all.

Appendix A contains a short summary of the existing ophthalmic services under the National Health Insurance scheme. Some 25 per cent. of the population are eligible for benefit. Spectacles can be obtained in one of two ways, either through a medical practitioner with special experience of ophthalmic work or through a sight-testing optician. A paragraph pays tribute to the excellent arrangements for ophthalmic treatment of school children which in the main is in the hands of specialists.

The government's aim is to provide a comprehensive health service for everybody in the country. They want to ensure that in future every man, woman and child can rely on getting all the advice and treatment and care which they may need in matters of

personal health; that what they get shall be the best medical and other facilities available.

From our point of view how is this to be achieved if the government allow a large proportion of the country's eye service to be in the hands of the sight-testing optician? We have always taken the line that ophthalmology must be in the hands of properly qualified medical practitioners who have ophthalmic experience, and we do not see how the government's excellent health intentions can be squared with much practice by the sight-testing opticians. We do not claim to be infallible; all of us make mistakes, but we do not believe that the sight-testing opticians should be allowed by law to take a part in ophthalmic diagnosis and treatment. If they would only confine their attentions to their own job, the accurate fitting and centering of the lenses it would be a great improvement. And we believe that the National Ophthalmic Treatment Board will have, when the war is over, very nearly enough medical practitioners on their rota to enable everyone to have an ophthalmic examination by a medical practitioner.

The Eye Surgeon in Re-constructive Surgery

The plastic surgeon regards the eyelids and orbit as within his legitimate field of re-construction work in the correction of deformities. Recently some have gone further and included dacryocystorhinostomy, ptosis and excision of the eye in their ambit. They argue that the majority of eye surgeons have an insufficient knowledge of the principles of plastic surgery to do this work well. On the other hand the plastic surgeon with inadequate experience of eye problems may inadvertently damage the cornea during operation by abrasion, exposure, and the unnecessary use of chemical antiseptics instilled into the conjunctival sac, and at the end of operation by applying too tight a pressure bandage and dressing, induce keratitis.

The fact is that we have something to learn from each other. Eye surgeons such as the late John Wheeler, Wolfe, Imre, Blaskovics and Spaeth have made admirable contributions to plastic surgery. Indeed, the technical skill of a good eye surgeon in precise cutting, fine sewing and delicate handling of tissues should make him apt in dealing with plastic surgery about the eye. It therefore seems desirable that at least a few eye surgeons should be trained in general plastic principles so that they may be better able to handle such work.

An alternative for eye surgeons who have not had this training and feel no particular aptitude for re-construction work is to combine with the plastic surgeon in dealing with defects where the eye is still present.