

Discussion

These results suggest that, when the contact lens is *in situ*, the application of condenser field short-wave diathermy to the eye in the antero-posterior plane will result in inefficient heating through screening by the corneal and haptic portions of the lens. Secondly, current concentration at the perforation can occur, with subsequent overheating in the region of the ciliary body and possible serious consequences. Thirdly, even with lateral application, which is an inferior technique, some screening would occur in the anterior chamber.

A corollary, which was suggested by Sarwar (1956) in this connexion, is that the efficiency of short-wave therapy in orbital cellulitis might be increased by fitting a contact lens, *without* a perforation, during treatment. This would tend to encourage increased current around the eye with more efficient heating of the peri-ocular tissues, but if this effect is not required it appears desirable to remove contact lenses during the application of short-wave therapy to this area.

REFERENCE

SARWAR, M. (1956). Personal communication

Brit. J. Ophthal. (1956) **40**, 697.

METHOD OF CUTTING LAMELLAR GRAFTS*

BY

P. SIVASUBRAMANIAM

Victoria Memorial Eye Hospital, Colombo, Ceylon

CUTTING a lamellar graft from an intact eyeball is a relatively simple matter, but it is not always possible to secure whole eyes for grafting, and cutting a lamellar graft from an isolated disc of cornea is out of the question unless it is clamped on to a suitable device. Williamson-Noble (1952) suggested sewing the cornea on to the convex end of a finger from a rubber glove stuffed with Dunlopillo rubber.

I have found the following a satisfactory procedure. A vacuum flask cork stopper is shaped to a convex dome with a razor blade and sand-paper. The dome is sterilized by boiling, and the disc of cornea is fixed to it by four small office pins. The cornea is then trephined and the lamella is shaved off.

The advantages of this method are that pinning the cornea on to the cork is easier and quicker than sewing it and the fixation is firmer.

The plastic or bakelite bases of these stoppers, which do not withstand boiling, may be cut off with a knife. The same cork dome may be used again and again to cut penetrating grafts from isolated discs of cornea.

REFERENCE

WILLIAMSON-NOBLE, F. A. (1952). *British Journal of Ophthalmology*, **36**, 221.

* Received for publication July 20, 1956.