CORNEAL NEEDLE*

A MODIFICATION

BY

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THE corneal needle recently described (Evans, 1954) has filled a need in corneal surgery and continues to give satisfactory results. The makers† have now suggested a modification which I find is an improvement. The new version of the needle has the eye placed sideways, that is, in the lateral plane instead of in the same plane as the blade, and the eye is grooved as before.

It will be realized that the broadest part of the needle is the width of the cutting edge at the middle of the blade and this is the dimension of the track through which the suture must follow. Since this measurement is a maximum and substantially greater than the corresponding perpendicular dimension, the suture passes more smoothly in this track than it would in the track perpendicular to it.

In corneal grafting by edge-to-edge suture the modified needle has proved its worth, and is as robust as before, the eye standing up to compression in the needleholder without any loss of shape.

REFERENCE

EVANS, P. JAMESON (1954). *British Journal of Ophthalmology*, **38**, 630.

*Received for publication November 30, 1955.

† Messrs. Shrimpton and Fletcher, Redditch, Worcs.

The agents from whom these needles may be obtained are : Philip Harris Ltd., 144 Edmund Street, Birmingham, 3.

BOOK REVIEWS

Anesthesia in Ophthalmology. Edited by W. S. ATKINSON, 1955. Charles Thomas, Illinois. Pp. 101, 44 figs. (23s. 6d.).

This is a most useful little book dealing in a thorough and balanced manner with the problems of anaesthesia as they affect ophthalmology. Pre-anaesthetic preparation is dealt with wisely and sympathetically—eliminating apprehension, testing the drugs (*e.g.* Nembutal) which it is proposed to use pre-operatively for sedation the day before to disclose any idiosyncrasy, and providing a quiet and orderly atmosphere. The various drugs or combinations of drugs available for pre-anaesthetic preparation are discussed; topical and block analgesia are described as well as the use of hyaluronidase as a spreading agent in retrobulbar anaesthesia. Akinesia of the orbicularis is recommended by means of a block along the inferior edge of the zygomatic bone, a technique which neither induces oedema over the lids nor involves paresis of the entire face as often occurs with a facial block attained by injection at the ramus of the mandible. The use of curare is sensibly discussed as well as the place of general anaesthesia in ocular surgery. Altogether an excellent book enlivened unexpectedly by amusingly dramatic illustrations which certainly drive home the point they purport to convey. The book is lavishly produced in a manner in which expense is obviously of no consideration.