Brit. J. Ophthalmol. (1958) **42**, 507.

CORRESPONDENCE

REMOVAL OF CORNEO-SCLERAL SUTURES

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

SIRS,—

“Ther nis no newe gyse that it nas old”. *Knight's Tale*, l. 1267 (Chaucer c. 1380).

“Il n'y a de nouveau que ce qui a vieilli”. *French Proverb*.

It is, of course, important that Mr. P. Wilson (*Brit. J. Ophthalmol.* (1958), **42**, 248) has brought to the attention of your readers the technique of removing corneo-scleral sutures with the clean tangential cut of a Bard-Parker knife, the suture being lightly held by fine plane forceps. However, this practice is not new, for it has been done at Moorfields, at least in the clinic which I serve, for over 10 years. Also I used this method in the 1939–45 war for removing silk sutures from the edges of free skin grafts. I do not remember its origin, which I think must have been before 1939.

Mr. Wilson reports a mishap when toothed forceps were used. Indeed it is a first surgical principle that sutures and the edges of a conjunctival incision should be held only by plane forceps and never by toothed forceps. It is preferable for the ends of these forceps to be blocked so that coaptation is sure and for the terminal 2 mm. to be faintly hatched to enhance the grasp of a mucous-soaked 6/0 silk suture.

I think that in spite of Mr. Wilson's concern about the anxiety induced in a patient returning to the operating theatre it is desirable to remove corneo-scleral sutures in the quiet of a well-disciplined theatre and not in a general ward as Mr. Wilson suggests, where there are so many distractions and noises.

In the past, two serious disasters have occurred when this has been done in the wards at Moorfields and none in the operating theatre.

Yours faithfully,
H. B. STALLARD.

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LONDON, W.1.
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BOOK REVIEWS

The Art of Clinical Refraction. By THEODORE H. WHITTINGTON. 1958. Pp. 286, 78 figs. Oxford University Press. (30s.)

This small book concerns itself not with the science but with the art of refraction; and the tale is told with almost religious zeal, so that “the priceless possession” of sight, “next in value to life itself”, may be freely available, with “the added comforts of happy binocular vision”. Mathematics and optical formulae are absent. The mechanism of retinoscopy is said to be a dull affair—it is, indeed, somewhat difficult to understand in its non-mathematical representation in these pages—and the author's aim is to clothe these dry bones with human interest and add zest to routine. To some extent he succeeds in this; and the book forms interesting reading, particularly with its insistence on a full explanation to the patient of the whys and wherefores of optical aids; but unfortunately it adds little new to a subject on which much has already been written.