CORRESPONDENCE

ADRENALINE IN CATARACT SURGERY

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

SIRS,—I have read with interest the paper by Mr. E. Epstein on the use of acrylic lenses in cataract surgery (*Brit. J. Ophthalm.*, 1959, **43**, 29).

I have had no experience with acrylic lenses, but I should like to comment on the instillation of 1 in 1,000 adrenaline drops into the anterior chamber which he mentions. I did this to dilate an inconveniently small pupil some years ago and during the next few days a fairly dense corneal opacity developed which proved to be permanent though fortunately it was limited to the upper half of the cornea. I thought that the adrenaline must have damaged the corneal endothelium and some time later a colleague told me that he had had a similar experience.

I believe it is dangerous to put adrenaline into the anterior chamber and that it is better to restrict its use to the subconjunctival route.

Yours faithfully,

F. S. HUBBERSTY.

56 BOROUGH ROAD,
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January 14, 1959.

EYE DISEASES IN AFRICAN CHILDREN

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

SIRS,—Now that trachoma can be prevented and cured, its place as the world's major blinding disease may be taken by corneal lesions of nutritional origin. It is important therefore, to have acceptable terminology and I ask for reconsideration of the term "spontaneous iris prolapse" (S.I.P.).

In this condition part of the cornea dissolves in a quiet eye, usually followed by iris prolapse. The primary lesion is corneal lysis and it is misleading to name it from a secondary complication. If the latter did not occur, would one write "S.I.P. sine P." or, in a case of aniridia, "S.I.P. s. I.s.P."?

Yours faithfully,

J. GRAHAM SCOTT.

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January 30, 1959.