

## CORRESPONDENCE

### OPERATION FOR PTERYGIUM

*To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY*

SIRS,—I was interested in T. B. Rankine's article entitled "A Simple Operation for Pterygium" (*Brit. J. Ophthalmol.* (1961), 45, 816), in which the technique of excising the pterygium and leaving a bare area is attributed to d'Ombraïn (1948).

This operation I learned from Sir Henry Holland in Quetta and Shikarpur in 1940. I wrote to him the other day to find out whence he obtained the technique, and he replied as follows:

I introduced it (the operation) nearly 30 years ago. I tried all the other operations, and in all the vessels grew again and the condition was as bad or worse than ever, so I felt that the only radical method of treating it was to leave a large surface bare and allow it to heal up gradually by cicatrization.

The pterygium should be pulled off the cornea with a squint hook. The hook is slipped under the lower border about 3 mm. from the limbus and forced through the tissues and made to appear just above the upper border. The hook is then passed from above downwards to be sure that all tissues are included. With slight counter-traction with forceps on the base of the pterygium, a squint hook is now pulled slowly towards the centre of the cornea. This will strip the pterygium from the cornea in the perfect plane and so promote rapidity of corneal healing. The pterygium is then excised with scissors about 5 mm. from the limbus.

A few tags of conjunctiva at the upper and lower edges of the bare limbus may require trimming; no stitch should be used.

The eye should be padded for about 4 to 5 days, when the bare area of sclera will be found to be covered with soft granulation tissue and partly epithelialized and the cornea will be healed.

Local steroid therapy can be now given three times a day for a few weeks.

This technique appears to give far less reaction than any other operation and the recurrence rate is probably lower than with any other.

Yours faithfully,

JOHN SOMERSET.

4, ST. JOHNS ROAD,  
NEWBURY,  
BERKS.  
January 11, 1962.

## BOOK REVIEWS

**Vision of the Ageing Patient. An Optometric Symposium.** Edited by M. J. HIRSCH and R. E. WICK. 1961. Pp. 338, numerous figs, bibl. Hammond and Hammond, London. (52s. 6d.).

This book is designed to put ocular age on the map. The increasing longevity of Western man naturally directs attention to what he is going to do with the years which medicine has added to his life, and it is self-evident that he will put them to better use if his vision is intact. The object of the book—namely, to see what can be done with the old—is admirable; small wonder that the President of the American Association of

Retired Persons expresses in his Foreword his "proudful appreciation". It is hardly surprising that this Optometric Symposium should contain a great deal of valuable information on refraction rather than vision, for thirteen of its fifteen contributors are optometrists, with not one ophthalmologist. However, as happens so frequently in symposia of this sort, the contributions are regrettably unequal. Thus the excellent article by Dr. Weymouth on visual acuity forms an uncomfortable bed-fellow to Dr. Shlaifer's 8-page summary of senile pathological phenomena affecting vision (based almost exclusively on two references to Tassman and to Lyle [D. J.]). This supplements a more relevant chapter on ocular pathology by the same author. But if it is perhaps unfair to cavil at points which the authors are less competent to discuss than refraction, a certain amount of insularity exists in the realm where they might be expected to reign supreme. That presbyopia is not discussed in the detail which it merits may be due to some of the authors' familiarity with the subject. But statements as astonishing as that "the senile change in astigmatism rests in the crystalline lens and not in the cornea" and that "keratometric studies at different ages are not available" (p. 77) have to be seen to be believed. Numerous statements are made without any references being given, and one could debate whether a 4-page summary of senile ocular changes can support the claim to being detailed (p. 19). The reviewer's object in making these observations is not so much to damn this useful book as to contribute to an improved future edition. It is so suitable for the purpose for which it was destined that one regrets that a little more thought was not bestowed on some aspects with which it deals. Perhaps a wider throw of the net would haul in authors with more varied experience. The production of the book and the presentation of the figures and tables could hardly be improved upon, and, even allowing for some of the above-mentioned blemishes, the price is reasonable.

**Diagnosis and Therapy of the Glaucomas.** By B. BECKER and R. N. SHAFFER. 1961. Pp. 360, 230 figs, bibl. Kimpton, London. (£6 15s.).

If one wants to read a well-written book, beautifully illustrated, expounding a complex subject in terms so simple that it is readily understood by anyone, if the ophthalmologist wishes to get rid of the worries that so often harass him in the management of some of his most difficult cases, then this book is ideal. It is confident, up-to-date, and in every sense modern; and much of it is very sensible.

"Glaucoma" (the authors write) "may be defined for the individual eye as that intra-ocular pressure which produces damage to the optic nerve". This somewhat mechanistic definition of a disease as a pressure is the underlying theme of the philosophy of the book; incidentally, it would seem to rule out the many cases of secondary glaucoma wherein high tension can be associated with a normal disc and normal visual fields, and it is rather difficult to obey the (wise) admonition on a later page that glaucoma should be treated before damage to the optic nerve has occurred, and (again) that less heroic treatment is justified where the disc and the fields are still normal. An ocular tension exceeding 21 mm. Hg Schiötz (4.0/5.5 g. or 6.25/7.5 g.) is said to be suspicious of the presence of the disease, which in all its aspects, primary and secondary, is interpreted as a local derangement of the eye in terms of increased secretion of the aqueous humour or of decreased facility of outflow which lies in the angle of the anterior chamber or, in simple glaucoma, in the trabeculae. Studies of the discs and fields are rightly said to be of great clinical importance, but the assessment of the condition is essentially computer-wise, in terms of gonioscopy, tonometry, and tonography. Treatment depends on depressing secretion by inhibitors such as acetazolamide or epinephrine or on facilitating drainage by miotics or surgery; closed-angle glaucoma is essentially a surgical condition, but open-angle glaucoma should be treated medically as long as possible, for the vast majority of patients can be carried through their life-time without significant loss of function in the absence of surgery by such therapy.

In all this there is much sense, and often it is the most we can do; but it is unfortunate that so many people with glaucoma in Europe persist in developing ills elsewhere than in the angles of their anterior chambers and in their trabeculae, that they still lose vision if the tension is controlled below 21 mm. Hg Schiötz, and that so frequently a sick eye is associated with a sick body—or occasionally with a sick or anxious mind. The Old World is obviously less tough than the New, where, we have read elsewhere, the age of cybernetics is so rapidly approaching.

**The Aqueous Veins.** By K. W. ASCHER. 1961. Pp. 269, 56 figs. Blackwell Scientific Publications, Oxford. (96s.).

Clear vascular channels, usually interpreted as empty vessels in a region of the circulation that was obviously dynamic and plastic, had been observed at the limbus on many occasions; indeed, they were described by Coccius in his classical studies more than a century ago (1852). No one, however, had the prescience and the insight to guess their meaning until chance gave the opportunity to Karl Ascher, on May 21, 1941. A refugee from Prague who had sought safety in the U.S.A. from Nazi persecution, he was assigned the task of conducting a research project on vitamin deficiencies in the cornea, for which detailed slit-lamp examinations were necessary. Examining the eye of an Alabama miner, he saw such a vessel and deduced that it was a direct connexion between the canal of Schlemm and the episcleral veins; the subsequent years were spent in careful and accurate observations which opened up a new chapter in the physiology and pathology of the eye. Many of us see strange things which are not readily explained; few of us have the imagination, the ingenuity, and the perseverance to pursue the implications of the unknown and to search and research into its meaning. Those who can and do are reckoned among the immortals.

It is good that Ascher has written this book wherein his own views on the nature and significance of aqueous veins are clearly expounded and a close analysis is made of the large literature that has accumulated on the subject up to 1959. The importance of these vessels in understanding the basic physiology of the eye is realized when it is remembered that they provided the first incontrovertible proof that a through-and-through circulation of the aqueous existed and that their observation allowed this circulation to be estimated. Their pathological significance is not yet clear—whether, for example, their narrowing may cause one type of glaucoma (as Ascher thinks); but, however that may be, the romance of the aqueous veins is well told in this readable book by the leading actor in a play the last act of which is by no means finished.

**The Visual Sense (Der Gesichtssinn).** By W. TRENDELENBURG. 2nd edition, 1961. Pp. 440, 160 figs., 3 col. pl. Springer, Berlin. (DM 78).

This volume is the second edition of the classical volume on "Vision" which appeared as part of the "Text-book of Physiology" written by Wilhelm Trendelenburg; it has been brought up to date by Monjé of the Department of Physiology of the University of Kiel, Igenborg Schmidt of the School of Optometry of Indiana, and Schütz of the Physiological Institute of Münster. The book is as comprehensive as its predecessor; and the interesting thing in comparing the two volumes is that, whereas the first was (legitimately) based on German researches, most of the new contributions have come from English-speaking countries. The book covers the traditional subjects included in physiological optics, as interpreted in the broad sense by von Helmholtz—the optical system of the eye and its anomalies, the effect of inadequate stimuli, colour vision and its anomalies, the retinal changes on stimulation by light, visual acuity and the visual field, ocular motility, and visual perceptions including binocular vision. The subject is treated on classical, orthodox lines and the 45-page bibliography (although obviously not comprehensive) is useful.

**Ophthalmodynamometry** (Ophthalmodynamometrie). By E. WEIGELIN and A. LOBSTEIN. 1962. Pp. 141, 18 figs, 17 tab. Karger, Basel and New York. (*Swiss Frs* 30).

While Bailliart of Paris may be said to have laid the foundations of the technique of ophthalmodynamometry, much of its modern interpretation is due to the extended researches carried out at Bonn and Strasbourg under the aegis of Weigelin and Lobstein. Although the technique was initially conceived as a means of estimating the pressure in the central retinal artery, it is now generally agreed that the pressure measured is the lateral pressure in the ophthalmic artery; and since this vessel derives from the internal carotid arterial system about the junction of its larger and smaller components, this estimation provides a very convenient basis for an analysis of the behaviour of the circulation to the head. Although thus providing information of neurological rather than ophthalmological importance, ophthalmodynamometry is of great interest to the oculist, and this interest is steadily increasing as the importance of its results are becoming more fully appreciated, particularly in such conditions as carotid occlusion, aneurysms, hyperpiesia and disorders of the cerebral circulation. In this volume are to be found a brief summary of the physiological principles underlying the technique, the clinical methods of its application, and a detailed and reasoned discussion of its clinical interpretation and value. Both authors have spent many years on these problems and are exceptionally well qualified to give an authoritative assessment of a somewhat complex problem.

#### **Books reviewed in *Ophthalmic Literature***

*Documenta Ophthalmologica*, Vol. XV: see *Ophthalm. Lit. (Lond.)*, 1961, vol. 15.

**Eye Symptoms in Brain Tumours.** By A. Huber.

This is a translation by S. van Wien of the original German text-book, "Augensymptome bei Hirntumoren", published in 1956 and reviewed in *Ophthalm. Lit. (Lond.)*, 1956, vol. 10, No. 2241.