CASE NOTES

(1) ANTERIOR LENTICONUS

The infrequency of anterior lenticonus compared with the posterior type may justify a brief description of a recent case.

A man aged 20, working as a shipwright’s apprentice, has Henoch’s purpura. The visual acuity is 6/36 in the right eye and 6/18 in the left, and does not improve, but binocularly he sees 6/12. In miosis he is highly myopic, seeing 6/12 with −7.5 D sph. in the right eye and −6 D sph. in the left. There is central anterior lenticonus in both eyes, with pigment granules on the central part of the anterior capsule. The posterior curve appears normal, as do all other aspects of the eyes.

(2) COORDINATION IN APHAKIA

A patient aged 67 has recently won two golf competitions and achieved a hole in one, when wearing lenticular glasses after bilateral cataract extractions.

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BOOK REVIEWS


This volume contains the papers read at a combined meeting of ear, nerve, and eye specialists working behind the iron curtain. A series of interesting ophthalmic subjects is discussed. The contribution of the late Pascheff (Sofia) to the symposium dealt with quadrant hemianopia after occipital lesions, Badtke (Halle) spoke on ocular anomalies in experimentally-produced cranio-facial malformations. Sachsenweger (Leipzig) discussed the sparing of the macular vision in hemianopia; he believes that this sign is usually an artefact produced by an inadequate perimetric examination, so that it cannot have any localizing value. It is curious that Pascheff states in his paper that the macula was always spared in his cases of lower quadrantanopsia resulting from lesions of the upper part of one calcarine cortex or the upper occipital nerve fibres radiating into this centre. Velhagen (Berlin) and Hollwich (Jena) read papers on the operative treatment of paralytic squint and Landgraf (Jena) reported the results of this treatment. Börner (Berlin) spoke on the position of the squinting eye under anaesthesia and Vesper (Leipzig) on instability and changes of fixation and ocular dominance. Nine papers dealt with disturbances of the carotid circulation including their diagnosis by ophthalmodynamometry and biopsy of the temporal artery. There are other noteworthy papers; e.g. that of Hagemann (Berlin) on anomalies of the pupil, which are probably due to an inflammation of the ciliary ganglion.
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This book is written jointly by an anaesthetist and an ophthalmic surgeon and gives the impression that each understands the problems of the other. Although concise, it covers the whole field of anaesthesia for ophthalmic operations with clarity, and explains the physiology, anatomy, and pharmacology on which the authors base their techniques. The text and illustrations are well produced, making the anatomy of the orbit and its nerve-supply easily understood. General anaesthetic methods are described, but many anaesthetists in Great Britain would not agree that an intravenous drip is necessary for every ophthalmic operation, or that continuous succinylcholine is the relaxant of choice. However, various general anaesthetic techniques are discussed and alternatives given, all on sound principles. Any anaesthetist would benefit by reading this book before embarking on his first ophthalmic list, and every anaesthetist should read the last chapter on the eye complications which may follow anaesthesia for ophthalmic or non-ophthalmic operations. The references to the literature are comprehensive and there is a useful glossary and index which might be improved by adding the equivalent British Pharmacopoeia names for some of the drugs used.

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OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

84th Annual Congress, Dublin, 1964

The 84th Annual Congress of the Ophthalmological Society of the United Kingdom was held in Dublin under the presidency of Dr. L. B. Somerville-Large on April 15 to 17, 1964, 180 members attended together with many distinguished visitors.

The meeting opened with a paper by Mr. Harold Ridley in which he reviewed “The Past, Present, and Future of Intra-ocular Acrylic Lenses.” The various types of implant were discussed in turn, each with its particular advantages and complications; the incidence of the complications and the causes of failure were reviewed in each case. The advantages to be gained from a successful artificial lenticulus were weighed against the surgical hazards, and the place of these implants in the future was assessed.

Mr. C. M. Ruben then spoke on “The Causes of Intolerance to Corneal Contact Lens Wear”, surveying 200 patients whom he had fitted in the Moorfields Contact Lens Department. He considered in turn the psychological and handling factors, optical and fitting defects, corneal manifestations, and the various complications due to ocular or general disease.

Mr. I. M. Duguid described “A Technique of Intra-ocular Surgery Without Retrobulbar Anaesthesia”. This “waking anaesthesia” made use of dextromoramide and chlorprothixene in doses that had now been adapted for ocular surgery; the patient’s consciousness was maintained so that he could respond to commands but remained indifferent to normal painful stimuli for several hours. Thus retrobulbar anaesthesia had become unnecessary.

Mr. G. V. Catford had investigated “The Incidence of Aphakic Corneal Oedema” in a series of cataract extractions. He had sought to assess the cause of this oedema and suggested lines of prophylaxis and treatment.

Dr. G. G. Bisley described an ophthalmological survey he had carried out 10 years previously to assess “Some Aspects of the Prevention and Treatment of Blindness in Kenya”. There