IRIS RETRACTOR AND LENS EXPRESSOR

the iris retractor is slid over the pupil margin and is drawn up. Immediately before application of Arruga's capsule forceps an assistant depresses the sclera with the tip of a lens expressor applied just behind the limbus at 6 o'clock, a manoeuvre which steadies the lens and affords slight counterpressure when the lens capsule is gripped. At the other end of this instrument is Kirby's lens expressor set at about 135° with the shaft. Immediately the upper part of the lens capsule has been gripped the iris retractor is easily and quickly disengaged. By rotating the shaft and crossing the forefinger over the shaft, the tip of the lens-expressor end is brought into position just in front of the limbus at 6 o'clock.

In principle combined instruments are a hazard in an operation which requires non-touch technique by a surgeon who does not wear gloves. This instrument (Fig. 1) is so held in the middle of the shaft between the surgeon's thumb, index, and second fingers that neither end touches his hand, either on application to the iris of the retractor or in turning over the instrument to apply the expressor.

I thank Messrs. Down Bros. and Mayer and Phelps who made this instrument for me.

MY FAVOURITE EYE MAN

[The following article is one of a series of personal contributions by advisers, technicians, and administrators who have worked in the developing countries during the past fifteen years under international programmes of technical assistance. Additional information on the overall aid programme is appended.]

I have been tramping for years with my team up and down the dry river valleys that border on the Sahara, seeing that those with enough understanding of trachoma follow simple directions and squeeze soothing ointment, used to treat the disease, into children's eyes. Anti-trachoma work at the field level requires, above all, persistence, a sound supply line, and simple health education. With those three things, the disease can be defeated.

I have been doing field medical jobs for twenty-three years as an adjoint technique de santé, in effect, a public health assistant. I am typical of the many thousands of men, who, after a few years' service in an army medical corps in Africa or Asia, decided that they liked field medicine and went into public health. My credentials consist of a simple nursing diploma and, more important, what I have learned while riding mules, bicycles, camels, and in jeeps to put into practical effect the plans laid down by successive medical officers who have come to this region of the world.

In recent years, some of these medical officers have been sent to southern Morocco by the World Health Organization as part of the U.N. family's world-wide technical assistance programme. They have come at my Government's request to help my colleagues and myself to overcome one of my country's most tragic and avoidable health afflictions—trachoma.
The most ancient medical treatise yet discovered, the Ebers Papyrus dating from the fifteenth century B.C., found at Thebes, describes infections in which the eyes become inflamed, develop granulations and inturned eye-lashes, and become purulent. As late as the middle of this century there were estimated to be at least ten million cases of trachoma in North Africa and the European countries bordering on the Mediterranean alone, and many more millions suffering from the eye disease in other countries of Africa, the Middle East, and Asia. Ten years ago in the southern part of Morocco, where a combination of climate and poor standards of living and hygiene created a favourable situation for the disease, more than one per cent. of the population had been totally blinded by it, and over four per cent. unable to perform any useful work for which sight is essential. Another ten per cent. suffered slight impairment and a much higher percentage from lesser visual defects.

Today our answer lies in these inexpensive tubes of antibiotics and in the regular systems of examination, treatment, and follow-up which we have laboured to establish. With the advice and counsel of our W.H.O. doctors, and with a great deal of support from the United Nations Children’s Fund in the form of medication, supplies, and transport, we have been able to reach some 1.7 million people. We have taught men, women, and children—mostly children—to administer the ointment themselves. In the 1962–3 school year alone, 450,000 children were examined and treated against this terrible disease, to which most have been prone from the first months of their lives, and which can always be re.contracted during seasonal epidemics of conjunctivitis caused by bacteria.

In an atmosphere like this, persistence has become a second habit with my colleagues and myself. Our problem here—it’s a problem of health education—has been getting the people to realize that the ointment is worth while. The younger population and the school teachers have been our greatest help and though we have not had to face actual enemies we have had some opposition to keep us on our toes.

The opposition comes from one small river valley where eye diseases are rife. It is not surprising, therefore, that, over the millennium, there developed a sort of local ophthalmologist. I call the place a river valley, but the water is usually invisible because it is mostly some metres underground. It permits a scanty oasis agriculture and in some of these oases one meets comparatively rich old men who make their living by performing two surgical operations. They give sight to the blind by pushing the opaque lens of cataract cases downward inside the eye so that once again there is a clear line of vision. They also cut away distorted eyelashes which scrape the trachoma-afflicted eye. Both these operations are done with instruments handed down from father to son and which will pass on again to another generation. The methods have not changed for a thousand years and their chances of success are not greater than 50 per cent., but even that is something to interest a blind man. These “surgeons” have great local prestige and they do not think much of people like myself. We are their competitors in this business.

Well, as I say, we in our mobile ophthalmic group are a persistent lot, and I have been working away for years at the Chief, a sort of dean of all these old empirical eye doctors. He did not think much of our ointment and began to think even less of it when he saw his clientele shrinking. I am quite sure he put out a considerable amount of quiet propaganda against us, but instead of attacking him I visited him...
BOOK REVIEWS


The author's self-avowed aim in writing this book is to integrate the basic disciplines both with ocular diseases and abnormalities and with the ocular manifestations of systemic disease and it is gratifying to be able to say that in this he has succeeded admirably. The pattern of the work follows his aims in four well-balanced sections, the first on Basic Mechanisms, Anatomy, Embryology, Physiology and Pharmacology, the second on History-taking and Examination, the next on Diseases and Injuries of the Eyes, and the last and perhaps best of all on Systemic Diseases and the Eye. In this last section the chapters dealing with the relations of the eye to diseases of the central nervous system and to cardiovascular disease call for special approval.

Numerous works on ophthalmology of about this length have been published: so many that one wonders if there can be a profitable market for them all. The defect of many such is to dwell at inordinate length on the expert's arcana. This work does not. For example, the biomicroscope is mentioned only twice, once in connexion with specialized examination of the retina, elsewhere in connexion with applanation tonometry where it is illustrated. The technique of using the slit lamp is not described, nor perhaps should it be in a work of this size, but the indications are clearly