

Simple device for the removal of contact lenses

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A contact lens may be removed from the eye either manually or by using a small rubber sucker. The removal of lenses by the rubber sucker technique is difficult at times, especially when the lens is fenestrated, as the vacuum cannot be maintained.

Assistance in the removal of the lens may be obtained by modifying existing rubber suckers. The bulb is cut off with a sharp blade and into the lumen so exposed is inserted a glass pipette removed from a drop-bottle. The other end of the pipette is attached to a rubber tube of convenient length. A second glass pipette which has been lightly packed with cotton wool to act as a barrier to saliva and to prevent condensation in the tube is fitted into the other end of the rubber tube. The device is then assembled and suction is provided by the mouth and the vacuum controlled by the tongue as in using a volumetric pipette. This method should prove most useful in the removal of soft lenses.

The surface tension between cornea and fenestrated lens is readily reduced and the lens may be removed more easily by gently blowing down the pipette with the bell of the applicator apposed to the fenestration or fenestrations. A haptic type sucker may be used for large hard lenses and for soft lenses.

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Sheridan Gardiner Test

*To the Editorial Committee of the **British Journal of Ophthalmology***

SIRS,—The Sheridan Gardiner test was first produced to provide a simple screening test for visual acuity in young and handicapped children, based on Dr. Sheridan's pioneer work in this field.

The authors of the article "Pitfalls in testing childrens' vision by the Sheridan Gardiner single optotype method" in the February issue of the *British Journal of Ophthalmology*, have quite rightly pointed out that this is not satisfactory for orthoptic work. It was for this reason that a linear version of the test was produced, which is now in use in many orthoptic departments, and is obtainable from C. Davis Keeler Ltd.

I would recommend that orthoptists should use the linear type when they are assessing the progress of the patients under treatment and that they should specify their assessment with the statement "S.G. linear" as opposed to "S.G."

Yours faithfully,
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Reference

HILTON, A. F., and STANLEY, J. C. (1972) *Brit. J. Ophthalmol.*, **56**, 135