Correspondence

Soft cataracts: aspiration-irrigation by push-pull coupled syringes

TO THE EDITOR British Journal of Ophthalmology

SIR, I was interested to read of the useful improvements by Bhargava and Gupta (1975) on the original apparatus described by Phillips and Wang (1971).

The tubing attached to the push-pull machine I am now using has been considerably simplified by a different method: only standard items are employed, they are available already sterilized, and they are disposable. The use of Portex ‘disposable manometer line, luer fitting, length 150 cm, ref. no. 200/490/150’ allows the application of no. 23 and no. 25 standard wire gauge needles without modification: the male end of the tubing (‘manometer line’) incorporates a length of stiff transparent plastic which constitutes a reasonably satisfactory handle for the needles. The other end (the female) can be applied easily to standard disposable syringes.

Yours faithfully,
C. I. PHILLIPS

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7 October 1975

References


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TO THE EDITOR British Journal of Ophthalmology

SIR, I have just read Mr W. O. G. Taylor’s account with interest (Taylor, 1975) having had a similar experience myself.

About four years ago I was sitting at my desk seeing patients in Outpatients Department at the Oxford Eye Hospital, when at precisely 12.0 o’clock on a Thursday morning something shot across my vision as though it had come from a catapult, and a dark spot followed by a comet’s tail of opacities settled down in the lower field of my right eye. At first nothing could be seen apart from the vitreous opacity. I was later seen by Mr Lorimer Fison who discovered a hole at 9.0 o’clock in the periphery of the retina of the right eye. I was admitted to Moorfields Eye Hospital for treatment with the cryoprobe, which was done under local anaesthesia only. The cryo-application was painless, although the speculum was uncomfortable.

Apart from seeing floaters I have had no further trouble. It is interesting to note that immediately postoperatively there was a clear entoptic picture of the retinal vessels near the macula and a slight increase in refraction from emmetropia to +0·5 which has hardly completely gone. I still induce entoptic images of my retinal vessels very easily in this eye whenever light shines in from my right. I assume this is due to the depigmentation around the site of the cryo-application allowing stray light to enter the eye.

Yours faithfully,
A. C. L. HOULTON

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23 Banbury Road,
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28 November 1975

Reference


Correction


Material and methods (second paragraph should read):

The recording of the fluorescein angiography was accomplished using a Zeiss fundus camera, and a blue exciting filter (Kodak Wratten 47) and a yellow barrier filter (Schott-GG 14·3) was incorporated; for the recording a Kodak Plus-X Pan 36 film was selected.