Correspondence

Estimating depth of anterior chamber

Sir, With great surprise I have found in your journal an article by Mr Redmond Smith on a new method of estimating the depth of the anterior chamber. I believe this method is not so new as you have been informed, for I wrote about it in 1968. I believe our scientific contacts should be closer, as we have almost the same interests in the field of ophthalmology.

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References


Sir, Thank you for drawing my attention to the article by Professor Gorbani. I must certainly apologise to the professor for not quoting his article, which indicates that he developed a method of measuring the depth of the anterior chamber very similar to the one recently described by me, but as early as 1968. I was very interested to see that his deductions were almost exactly similar to my later ones and can only assure him that, of course, I had absolutely no knowledge of his article when I wrote mine. I went through the literature at the time and found various descriptions of methods of measuring the anterior chamber but did not come across any reference to his excellent method. Many thanks again for bringing the matter to my attention.

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Reference


Book reviews


Although it is only 8 years since the third edition of this book appeared, the extensive revisions which the author has made give some indication of the rapidity with which advances have been made in this field, and it is a tribute to Dr Davson’s extensive knowledge that the task has been undertaken single-handed.

The incorporation of new material necessarily raises problems as to the physical size of the end product, and it is at first rather surprising to note that in terms of pages the new edition is almost exactly the same as the previous one. Space has been gained by using a 2-column format on a slightly larger page and by the omission of the section on visual optics contained in earlier editions. While this is a matter to regret, in that it makes the book less comprehensive, it is probably a reasonable decision, since much of the material in the omitted section was a matter of physics rather than physiology. What has been gained is a thorough and up-to-date revision of the rest of the book, and this is well seen in the sections on aqueous humour, lens (where advances in the study of lens proteins are considered in some detail), central nervous pathways, and eye movement. The section dealing with retinal structure and organisation is somewhat meagre, and, although this may be excused on the grounds that it is morphology rather than physiology, it is surprising to find no mention of retinal neurotransmitters.

While other reviewers might discover other points of criticism, most would agree that this is by far the best single-volume exposition of the subject either for students of physiology or for clinical ophthalmologists wishing to understand the physiological background of their subject.

D. F. COLE


Ultrasonic fragmentation is a relatively new surgical technique by which intraocular tissue is broken up by applying ultrasonic vibration to a fine needle. This enables the fragmented tissue to be removed from the eye through a small incision.

Shortly after Kelman introduced the phacoemulsifier for cataract surgery Dr Girard designed a similar instrument utilising a 2-needle technique (one for infusion, the other for fragmentation and aspiration) rather than the single multipurpose tip advocated by Kelman. In addition to emulsifying lens material Dr Girard’s instrument is capable of fragmenting iris, capsule, and vitreous. In this book, Dr Girard describes his surgical techniques and results in the treatment of well over 700 cases. The first 2 chapters deal with the principles of ultrasonic fragmentation and the use of the operating microscope. The remaining 5 chapters discuss the use of the instrument in a great variety of surgical situations ranging from trauma to the management of rare conditions such as persistent primary hyperplastic vitreous and intraocular cysticercus. The chapter on cataract surgery is the most important. The concept of lens removal through a tiny incision in the pars plana, leaving the anterior segment completely undisturbed, is particularly attractive. One cannot help contemplating that this might well be the accepted technique in the years to come.