

Cataractous changes OS progressed, and extracapsular cataract extraction was performed nine months after cataract extraction OD. The postoperative course was uncomplicated OS despite the previously documented history of IUES. The postoperative choroidal detachment OD has persisted for a total of nine months.

Discussion

The persistence of choroidal detachment after cataract extraction five years after spontaneous resolution of contralateral IUES raises several issues relevant to the pathogenesis of these entities. The unusual persistence of a postoperative choroidal detachment OD supports the possibility of predisposing anatomical factors in the development of uveal effusion. Brockhurst¹ classifies uveal effusions as inflammatory, hydrodynamic, and idiopathic. Post-surgical hypotony and/or inflammation may precipitate uveal effusion in anatomically predisposed eyes. Such anatomical features have an apparent role in development of uveal effusion in patients with nanophthalmos.¹ Surgical inflammation and hypotony may precipitate persistent uveal effusions in nanophthalmic eyes with a known anatomical abnormality. Gass² suggests that IUES eyes are also predisposed because of a congenitally thickened sclera. A thickened sclera apparently predisposes the eye to vortex vein obstruction and more importantly acts as an abnormal

barrier to the transport of protein out of the eye by way of the uveoscleral pathway. These important underlying anatomical abnormalities have formed the basis for surgical attempts to cure IUES² and nanophthalmic uveal effusions.³

While nanophthalmic eyes have been proved to have thickened sclera,⁴ not all IUES sclera have been demonstrated to be thickened.² Our patient was not nanophthalmic, and no other predisposing factors were apparent. It seems obvious that there was a predisposition to effusion in this case, but its nature remains obscure.

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- 3 Brockhurst RJ. Vortex vein decompression for nanophthalmic uveal effusion. *Arch Ophthalmol* 1980; **98**: 1987-90.
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Obituary

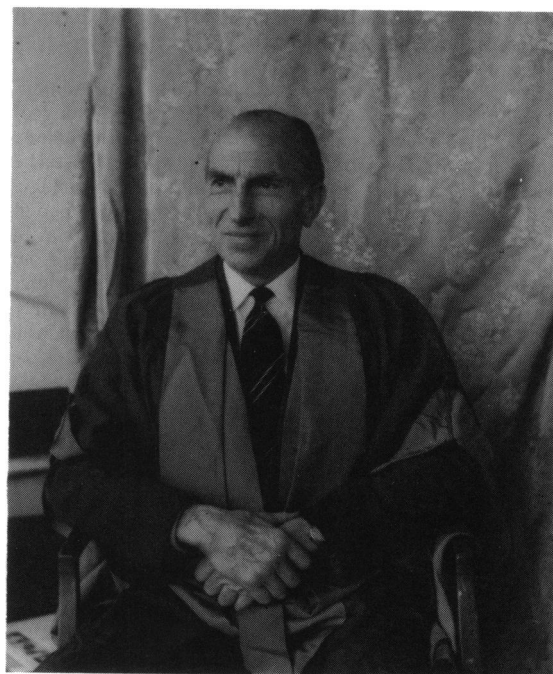
T Keith Lyle, CBE, MA, MD, M Chir, FRCP, FRCS

Thomas Keith Lyle died on 9 May at the age of 83. He was the son of Herbert Willoughby Lyle, MD, FRCS, who was an ophthalmic surgeon at King's College Hospital and at one time dean of the Medical School. Educated at Dulwich College and Sidney Sussex College, Cambridge, where he was an exhibitioner, Keith Lyle undertook his medical training at King's College Hospital, where he was an outstanding undergraduate, winning the Todd medal for clinical medicine.

He was in some doubt as to which branch of medicine he wished to follow and considered neurology as a possible choice but settled eventually for ophthalmology, receiving his early training at the Royal Westminster Ophthalmic Hospital. He was appointed to the consultant staff of the Royal Westminster Ophthalmic Hospital and of the National Hospital, Queen Square, in 1936 and to the consultant staff of King's College Hospital in 1938.

His career was interrupted by the outbreak of war, and as he had been made a civil consultant in ophthalmology to the RAF in 1934 he found himself in uniform immediately at the outbreak and served until the close of hostilities, during which time he was mentioned in dispatches. He reached the rank of temporary air commodore.

Keith Lyle took an early interest in the Faculty of Ophthalmology and became its president in 1968. He was



also a keen member of the Court of Assistants of the Society of Apothecaries and became master in 1962-3. He was appointed deputy hospitalier in 1960 and hospitalier in 1969 of the Most Venerable Order of the Hospital of St John of Jerusalem, a post he held until 1980, when he was honoured by the distinction of a Knight Grand Cross.

His abiding interest in ophthalmology was in ocular motility, and he became an international figure and world authority on the surgical aspect of this subspeciality. He was appointed president of the International Strabismological Association.

Many honours came his way. He gave the Doyne memorial lecture at Oxford in 1953 and the Alexander Welch lecture in Edinburgh in 1965. He gained the Nettleship medal in 1959 and the Richardson Cross medal in 1962.

He wrote several textbooks, the first of which was *Practical orthoptics in the treatment of squints* in 1937 with Sylvia Jackson; this was later rewritten with the help of K C Wybar. He also re-edited Chavasse's edition of *Worth's squints* with the help of the Hon G J O Bridgeman, and with A G Cross he edited *May and Worth's disease of the eye*, 13th edition. He made many contributions to textbooks of surgery by chapters on his subject.

Keith Lyle was a keen teacher and enjoyed instruction of students, both junior and senior. It was his interest in teaching which induced him to accept the burden of being dean of the Institute of Ophthalmology at a time when many Commonwealth students came to London to sit for the Diploma in Ophthalmology granted by the Royal Colleges. He was a man of great industry and was able to accept more than the average share of extramural duties because of the self-disciplined organisation of his day. He was either working at full stretch with little time to spare ('standing around in groups is not one of my hobbies') or relaxing with his family at home. Horse riding was his main form of exercise in middle age, though he had been a keen rugby and squash player in his youth.

As a result of his extremely busy life he was unintentionally a slightly distant figure in the larger family of ophthalmology but much admired for his dependable opinion and as a generous donor of sound advice; indeed he was rightly regarded as a pillar of British ophthalmology. When he retired from his hospitals in 1969 he continued to conduct his private practice and serve as hospitalier of St John Ophthalmic Hospital. This voluntary work away from the rivalries of a competitive life gave him much inner satisfaction and peace of mind.

He survived by his wife Jane, who supported him in all his activities, one son, and three daughters. SM

A N Cameron, MB, ChB, FRCSEd, DOMS

Angus Neilson Cameron, who died 19 February 1987, was until his retirement in 1968 consultant ophthalmologist to Lichfield, Tamworth, and Sutton Coldfield and Wolverhampton Hospital Groups. He had spent his early life in Sunderland and Belfast before coming to Merseyside, where he attended the Merchant Taylors School at Crosby before entering Liverpool Medical School in 1921.

Following the literary tradition of his family, he edited the student journal *Sphinx*, and his regard for medical literature remained important throughout his life. After hospital appointments in Liverpool and visiting Australia he entered general practice in Derbyshire, where he had personal experience of the hard life of a mining community.

At the age of 46 years he returned to his special interest in ophthalmology and was elected to the Fellowship of the Royal College of Surgeons, Edinburgh, in 1950. In 1951 he was appointed consultant to Lichfield and Tamworth Hospital Groups with operating sessions at the Wolverhampton and Midland Counties Eye Infirmary. He became an active member of the Committee of the Eye Infirmary and will be remembered for his gentle and constructive approach to the solution of difficult problems. He was a faithful colleague and as loyal to the traditions of good medical practice as to his Highland ancestry.

In 1932 he married a fellow graduate, Winifred Walls, who died three years ago, a loss he felt deeply. There were no children. DFW

Book reviews

Glaucoma. Eds. James A McAllister and Richard P Wilson. Pp. 278. £55.00. Butterworth: Sevenoaks, Kent. 1986.

Glaucoma, like the poor, will always be with us. As with any familiar subject the very constancy of its presence means that it tends to be ignored. The old familiar methods of diagnosis and treatment are always relied upon, and nothing is new. Yet changes are occurring, and, as the editors here point out, in recent years 'new methods of interpretation, analysis and investigation' have led to a better understanding of the pathogenesis and early changes in the development of primary open angle glaucoma. These authors bring to our attention the observations by a number of writers whose aim it is to show us what is new in their respective fields.

What do these writers tell us? The chapters by Grierson, Quigley, and Greve on the outflow apparatus, optic nerve, and visual function are essential reading for all ophthalmologists. In these review articles the writers give first hand accounts of the advances that have been made in their subjects and do so with clarity and precision. By comparison some of the other chapters reveal that little change has occurred over many years. In particular the chapter on 'Congenital glaucoma' would suggest that no change has occurred in the diagnosis and management of these diseases over the last 10 to 15 years (as shown by the references and the standard illustrations). Other chapters on medical and surgical treatment are more encouraging, though the pace of change has, perhaps of necessity, been less dramatic than in the basic glaucoma sciences.

A book of this nature is bound to be selective. This reviewer would like to have seen chapters on the analysis of the topography of the optic disc, more reference to 5-fluorouracil, perhaps some word on seton devices such as that introduced by Molteno, all of which have greatly helped us in the management of primary open angle