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ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, HIGH HOLBORN, LONDON, W.C.1.

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REPORT FOR THE YEAR 1948

**Now University of London, Institute of Ophthalmology of the British Postgraduate Medical Federation associated with the hospital for postgraduate education and research.*

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2

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MISS D. PEARSON.

REPORT OF PATIENTS FOR 1948

	Moorfields Branch	Westminster Branch	Total
IN-PATIENTS			
Total number of In-Patients ..	4,613	2,043	6,656
Average daily complement ..	191.39	95	286.39
Average number of Beds occupied daily	161.56	81	242.56
Average number of days each Patient was resident	12.81	14.6	13.34
Total operations in In-Patient theatres	4,532	2,233	6,765
Out-Patients			
Total number of new Out-Patients	75,660	26,986	102,646
Total attendances of Out-Patients	228,857	102,402	331,259
Average daily number of Out-Patients' attendances	745.49	332.3	1,077.79
Special Cases			
	Number of Attendances		
Physicians' Department ..	3,110	459	3,569
Clinical Pathology Department	1,038	—	1,038
Ear, Nose and Throat Department	792	—	792
X-Ray Department	2,121	56	2,177
Bacteriological Department ..	5,108	3,774	8,882
Refraction Department for L.C.C. School Children	8,045	1,625	9,670
Venereal Diseases Department..	608	—	608
Physio-therapeutic Department	9,625	6,540	16,165
Orthoptic Department	20,625	11,401	32,026
Voluntary Hospitals Ophthalmic Clinics to 4th July	4,797	1,640	11,493
Refraction Clinics from 5th July	3,903	1,153	
Contact Lens Clinic	444	—	444
*Pathological Department ..	1,863	1,059	2,922
†Medical Illustration	3	3	6
‡Allergy Department		35	35

*Established 4th October, 1948

†Established 8th November, 1948

‡Established 1st October, 1948

GENERAL INFORMATION

Moorfields Branch, City Road, E.C.1.

OUT-PATIENTS.—Out-Patients are admitted daily (except Sundays, Christmas Day, Good Friday, the Saturday following Good Friday, and Bank Holidays) from **8.30 a.m.** The entrance to the Out-Patients' Department is one minute's walk up Peerless Street, and is open until 10 a.m.

Patients in or near London should be at the Hospital at 8.30 a.m.

COUNTRY PATIENTS.—Some places are reserved for Out-Patients coming over thirty miles on the morning of their attendance. They should apply at the front entrance as early as possible before 11 o'clock.

Out-Patients will receive a card and a Surgeon's letter. The Patient must carefully preserve the card ; the letter will be kept at the Hospital. If an Out-Patient does not allow an interval of more than ten years to pass without attending at the Hospital, the letter can be found upon presentation of the card.

CASES OF ACCIDENT AND URGENT CASES are admitted at any time at the front entrance in City Road.

IN-PATIENTS.—It is usual for Patients to attend in the first instance as Out-Patients. The Surgeon decides whether it is necessary for a Patient to be received as an In-Patient.

VISITORS TO IN-PATIENTS.—Each In-Patient, on being admitted to the Hospital, receives two tickets to allow his friends to visit him, each ticket admitting only one person at a time, but transferable.

Visitors to In-Patients in the General Ward—excluding the Children's Ward—are admitted on Sundays, Mondays, Wednesdays, Fridays and Saturdays from 2.30 to 3.30 p.m.

Eggs, fruit, butter and biscuits may be brought for patients and these are to be given into the care of the Sister, but no other food nor spirits, stimulants, or liquors of any kind are to be brought into the Hospital.

TELEPHONE.—Inquiries about Patients cannot be answered over the telephone except in serious cases.

HOW TO GET TO THE HOSPITAL.—The nearest tube station is OLD STREET, which is close to the Hospital, and is in direct communication with Euston, St. Pancras, King's Cross, London Bridge, Finsbury Park, and the Bank.

The following omnibus passes the Hospital:—

43 (143 Sunday service only).

The following omnibus passes close to the Hospital:—

76.

The following trolley-buses pass the Hospital:—

609, 615, 639.

The following trolley-buses pass close to the Hospital:—

555, 565, 611, 641, 643, 665.

Trolley-buses from King's Cross, Moorgate, "The Angel," Islington, Finsbury Park, Hampstead, Highgate, Highbury, and Holloway, pass the front entrance of the Hospital.

DAYS AND TIMES OF ATTENDANCE OF THE VISITING SURGICAL STAFF:

Mr. J. D. MAGOR CARDELL
Mr. J. H. DOGGART
Miss IDA MANN
Mr. C. DEE SHAPLAND

Monday and Thursday at 8.30 a.m.

Mr. R. C. DAVENPORT
Mr. FRANK W. LAW
Mr. HAROLD RIDLEY
Mr. H. B. STALLARD

Tuesday and Friday at 8.30 a.m.

Mr. ALEX. G. CROSS
Mr. E. F. KING
Mr. A. G. LEIGH
Mr. ARTHUR LISTER

Wednesday and Saturday at 8.30 a.m.

Westminster Branch, High Holborn, W.C.1.

OUT-PATIENTS.—Out-Patients are admitted on Mondays to Thursdays between 12 noon and 1.30 p.m., on Fridays between 12 noon and 1.30 p.m., and between 4.30 and 5 p.m., and on Saturday mornings between 9 a.m. and 9.30 a.m. The department is closed on Sundays and Public Holidays, Whit-Saturday, Easter Saturday and the Saturday preceding the August Bank Holiday.

THE CASUALTY DEPARTMENT is open at all times, day and night, to patients in urgent need of treatment.

IN-PATIENTS.—In-Patients are admitted on the recommendation of members of the Visiting Surgical Staff, having, as a rule, attended as Out-Patients in the first instance.

VISITING TIMES.—Visiting times for In-Patients are Monday to Friday, 7.30 p.m. to 8 p.m. Saturday and Sunday, 2 p.m. to 4 p.m. Not more than two visitors are allowed at the bed-side at one time and no children under 12 are admitted to the Wards. Visitors are not permitted in the Children's Ward.

HOW TO GET TO THE HOSPITAL.—The Hospital is at the West End of High Holborn, between Drury Lane and Endell Street. The nearest tube stations are Tottenham Court Road and Holborn (Kingsway). Buses 22 and 38, going along Shaftesbury Avenue, and all buses along New Oxford Street, stop close to the Hospital.

DAYS AND TIMES OF ATTENDANCE OF THE SURGICAL STAFF :

Mr. P. MCG. MOFFATT	} <i>Monday and Thursday at 1.30 p.m.</i>
Mr. G. G. PENMAN	
Mr. FREDERICK RIDLEY	
Mr. C. L. GIMBLETT	} <i>Tuesday and Friday at 1.30 p.m.</i>
Mr. EUGENE WOLFF	
Mr. T. KEITH LYLE	<i>Tuesday at 1.30 p.m., Friday at 5 p.m.</i>
Mr. J. G. MILNER	<i>Wednesday at 1.30 p.m., Friday at 5 p.m.</i>
Mr. A. J. B. GOLDSMITH	} <i>Wednesday at 1.30 p.m., Saturday at</i>
Mr. A. SEYMOUR PHILPS	
	<i>9.30 a.m.</i>

INFORMATION APPLICABLE TO BOTH BRANCHES.

PAY-BED ACCOMMODATION.—The Moorfields Branch has 28 private rooms and the Westminster Branch 14 private rooms and 2 cots for the reception of paying patients admitted under the care of members of the Visiting Surgical Staff. Particulars may be obtained from the respective Branches.

DISUSED SPECTACLES.—Disused spectacles with ordinary frames are of no use to the Hospital, as the cost of altering the lenses or frames is greater than the cost of new ones, but gold frames are always acceptable.

REPORTS.—When reports regarding the condition of Patients are required for claims of money, or legal proceedings, the Medical Officers of the Hospital are permitted to receive payment for written reports by them in reference to such cases.

CERTIFICATES.—Certificates of inability to follow employment required by Patients are given on the authorised forms.

HOW TO GET TO THE HOSPITAL.—The Hospital is at the West End of High Holborn, between Drury Lane and Fendell Street. The nearest tube stations are Tottenham Court Road and Holborn (Kingsway). Buses 22 and 38, going along Shaftesbury Avenue, and all buses along New Oxford Street, stop close to the Hospital.

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Wednesday and Thursday at 1.30 p.m.	Mr. G. G. Penman
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Annual Report

OF THE BOARD OF GOVERNORS

FOR THE YEAR ENDED 31st DECEMBER, 1948.

THE past year can be divided into two well-defined parts, the period to the 4th July, the day on which the Voluntary Hospital system—a heritage of which the British people may for ever be proud—came to an end, and the 5th July to the end of the year, during which it was replaced by the National Health Service which, it is to be hoped, will see in due time the health of the people improved and progress made in all branches of medicine and surgery.

As foreshadowed in the Annual Report of last year, the remaining portion of the Central Branch used for Hospital purposes, the private ward block, was closed down at the end of February, thus making available the whole of the buildings for the necessary structural alterations to convert them for the use of the Institute of Ophthalmology.

In accordance with the provisions of Section 11(8) of the National Health Service Act, 1946, the Hospital was designated “a Teaching Hospital.” As such it provides facilities for postgraduate clinical teaching, and has conferred upon it a special status with special responsibility, and is governed by a separate governing body—the Board of Governors.

The change in the constitution of the Hospital brought about by the dissolution of the Board of Management, which was replaced by a Board of Governors appointed by the Minister of Health and includes representatives of the appropriate Regional Boards and other bodies who have close associations with the Health Service, resulted in seventeen members of the Board of Management and the Board of Governors resigning from office during the year. To all these ladies and gentlemen who gave such loyal and unremitting service to the Hospital, the Board of Governors convey an expression of their appreciation. Happily some of them, while not members of the governing body, are able to serve the Hospital on one or more of the Sub-Committees (see page 2).

Particular mention should be made of the valuable services rendered by Sir Harold Morris, who was appointed to the Board of

Management (Moorfields Branch) on the 22nd February, 1932. Sir Harold held the office of Vice-Chairman from 1945 until the scheme of amalgamation took effect on the 1st January, 1947, and he was also a member of the House Committee and of the Medical School Committee (Moorfields Branch). Sir Harold rendered particularly valuable services to the Hospital in connection with the drafting of the Act of Amalgamation, when his legal knowledge was of inestimable value.

The constitution of the Board of Governors at the 31st December is detailed on page 2.

MEDICAL STAFF

Dr. Charles Swan completed his term of office as Pathologist at the end of September, and returned to Australia.

Dr. W. E. M. Armstrong, Bacteriologist, who transferred from the Central Branch and undertook to continue the bacteriological work at the Moorfields Branch, resigned office on the department being transferred to the Department of Pathology at the Institute.

Dr. Norman Ashton was appointed Director of the Department of Pathology established at the Institute, with its facilities greatly extended, on the 1st October, the office being a joint appointment to the Hospital and the Institute.

The following appointments were also made during the year :
Dr. Frank Elliott—Assistant Physician (Westminster Branch).

Dr. Peter Hansell—Officer in charge of Department of Medical Illustration.

Mr. P. D. Trevor-Roper—Assistant Medical Officer Physiotherapy Department (Moorfields Branch).

Dr. M. Lederman—Consulting Radiotherapist.

Mr. J. Gibson Moore—Ophthalmic Registrar to the Radiotherapy Department at the Royal Cancer Hospital.

STATISTICS

	<i>Moorfields</i>	<i>Westminster</i>	<i>Total</i>
In-Patients	4,613	2,043	6,656
Average number of beds occupied daily	161.56	81	242.56
Operations in In-Patient theatres	4,532	2,233	6,765
New Out-Patients	75,660	26,986	102,646
Out-Patient attendances	228,857	102,402	331,259
Average daily number of Out-Patient attendances	745.49	332.3	1,077.79

(Full statistics, including details of the work of the Special Departments, are given on page 8.)

FINANCE

Under the National Health Service Act the Hospital became vested in the Minister of Health on the 5th July and its maintenance became the responsibility of the Ministry of Health. As a teaching Hospital the Board of Governors were enabled to retain such funds as were available on the 4th July, and the amounts in hand on the day of the transfer were as follows :—

General Fund : Cash	£14,075
Investments	£8,252
	£22,327

In addition the Hospital held investments to the value of the following :
 Permanent Endowment Fund £58,075
 Special Funds £26,512

FUTURE DEVELOPMENT

The transfer of the laboratory facilities from the Hospitals to the Institute will enable 41 additional general ward beds to be provided by the conversion of laboratories to ward purposes at the two Branches (24 Moorfields Branch, 17 Westminster Branch), and it is anticipated that it will be possible to begin structural alterations with regard to the former project early in the New Year. In addition, it is hoped that it will be possible to begin the rebuilding of Block "K," Moorfields Branch, which was totally destroyed by a flying bomb in July, 1944, which will enable the bed complement to be further increased.

The Board of Governors have for some time been negotiating for the purchase of a *large hotel for use as a Nurses' Home, which will provide the necessary accommodation for the increased number of nurses, and will at the same time free certain parts of the Hospital for much needed additional space, and it is confidently hoped that the negotiations will be completed early in the New Year.

** NOTE.—The Board are pleased to report that the Royal Stuart Hotel (renamed Stuart House), Cromwell Road, S.W.7, was acquired on the 1st March, 1949, and they take this opportunity of thanking the Ministry of Health for making the necessary provision for the nursing staff.*

INSTITUTE OF OPHTHALMOLOGY

In the late autumn the conversion of the Central Branch for use as the Institute of Ophthalmology was completed and the Institute (a Federated Institute of the British Postgraduate Federation of London) was formally opened on the 4th November by the Right Hon. the Earl of Rothes, Chairman of the Committee of Management of the Institute.

The occasion was marked by the presence of three guest speakers, Sir John H. Parsons, F.R.S., Dr. Alan C. Woods and Prof. H. J. M. Weve, representing British, American and European Ophthalmology.

The new Institute comprises a building of six floors, of which the basement is given over to a cafeteria, kitchen, students' sitting rooms and cloakrooms, technicians' rooms, workshops and store rooms. On the ground floor are the administrative offices and a department for clinical teaching and research clinics. A small orthoptic department has been retained for research purposes. The first floor houses a large department for medical illustration, equipped and staffed for photography in all branches, including fundus photography, cinematography and fundus drawing, and also contains a suite of rooms for the more elaborate types of clinical research. On the floor above are the library and museum, built up from the material available from the three parent hospitals, offices for the British Journal of Ophthalmology and Ophthalmic Literature, and a lecture hall to hold 100. Laboratories for morbid histology, bacteriology and allergy occupy the major part of the third floor. The remainder of the building is occupied by twenty-three laboratories fitted up for research in physiological optics, physiology, electro-physiology, bio-chemistry and radiography, with appropriate technicians' rooms, operating theatre, five animal rooms and appropriate accessories. In the session at the time of the official opening of the Institute there were 126 postgraduate students from many countries of the world, and on its staff were 15 full-time research workers.

Thus has come into being a factor of vital importance to ophthalmology and one which it is hoped will be destined to raise the standard and increase the volume of post-graduate education and stimulate research to the eventual benefit of mankind.

LUKE,

Chairman of the Board of Governors.

A. J. M. TARRANT,

House Governor.

INSTITUTE OF OPHTHALMOLOGY

In the late autumn the conversion of the Central Branch for use as the Institute of Ophthalmology was completed and the Institute (a Federated Institute of the British Postgraduate Federation of London) was formally opened on the 4th November by the Right Hon. the Earl of Rothes, Chairman of the Committee of Management of the Institute.

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MR. THEODORE W. LULING

With the inception of the National Health Service, the members of the Board of Management and the staff of the Hospital felt that it was fitting that an acknowledgment should be made to Mr. Luling for his services to Moorfields, extending over a period of nearly 35 years. At the conclusion of the meeting of the House Committee on the 15th June, Sir Harold Morris made a presentation to Mr. Luling of books and other gifts from members of the Board and staff, together with an address, the wording of which well records the services rendered to the Hospital by Mr. Luling :

"Mr. Theodore W. Luling has been associated with 'Moorfields' for nearly thirty-five years. Appointed to the Committee of Management in October, 1913, he became the Chairman in April, 1921, and President of Moorfields, Westminster and Central Eye Hospital on its inception in January, 1947. The hospitals are on the threshold of passing into the hands of the State and no better time could therefore be chosen to pay tribute to one who for so many years has rendered service in the highest tradition of the Voluntary Hospital System.

There is no need for any re-statement of the progress made by the hospital under Mr. Luling's guidance. The evidence stands in the brick and stone of the Private Ward Block and the King George V. Extension. Mr. Luling's high conception of his duties as Chairman made him familiar with every activity that went to make up daily life at 'Moorfields,' and he was concerned with the welfare of everyone connected with the hospital. It is fitting, therefore, that this tribute should come, not only from his colleagues who have served with him on various Committees, not only from the Medical Staff with whom he has been so closely associated, but from the Nursing Staff, the Administrative Staff, the Works Department and Engineering Staff, the Portering Staff and the Domestic Staff.

Although in the nature of things a hospital's personnel is a changing one, there are those among us who have known Mr. Luling during the greater part of his association with 'Moorfields.' Thirty-five years make a long span and during those years respect has become affection and it is in that spirit that we who have written our names here ask him to accept a gift from us as a token of our goodwill."

Mr. Luling was appointed Honorary President of the Hospital at the meeting of the Board of Governors on 27th January, 1949.

SURGICAL REPORT FOR 1948

IN-PATIENTS

	<i>Moorfields</i>	<i>Westminster</i>	<i>Total</i>
Total number of In-Patients ...	4,613	2,043	6,656
Average daily complement of beds during year ...	191.39	95	286.39
Average number of beds occupied daily ...	161.56	81	242.56
Average number of days each patient was resident ...	12.81	14.6	13.34

OUT-PATIENTS

New Out-Patients ...	75,660	26,986	102,646
Out-Patient attendances ...	228,857	102,402	331,259
Average daily number of Out-Patient attendances ...	745.49	332.3	1,077.79

MOORFIELDS BRANCH

ABSTRACT OF DISEASES AND INJURIES OF IN-PATIENTS GENERAL WARD PATIENTS

Lids—

Abscess ...	10
Ankyloblepharon, congenital ...	1
Atropine irritation ...	2
Burns ...	2
Chalazion ...	1
Chemosis ...	1
Coloboma ...	1
Deformity of lid... ..	1
Dermoid ...	1
Ectropion : Cicatricial ...	3
Senile ...	5
Spastic ...	1
Entropion : Cicatricial ...	4
Congenital ...	3
Spastic ...	2
Granuloma ...	1
Herpes ophthalmicus ...	4
Lagophthalmia ...	1
Melanoma ...	2
Naevus ...	1
Papilloma ...	1
Ptosis : Congenital ...	34
Acquired ...	5
Rodent Ulcer ...	1
Scar tissue ...	1
Sebaceous cyst ...	1
Symblepharon, acquired ...	8
Trichiasis ...	6
Wounds ...	9
Xanthoma ...	2

Lachrymal Apparatus—

Abscess of lachrymal sac	...	...	...	...	8
Dacryoadenitis, acute	...	...	...	...	3
Dacryocystitis : Acute	...	...	...	...	21
Chronic	...	...	...	...	11
Epiphora	...	...	...	...	4
Injury to canaliculus	...	...	...	...	1
Lachrymal obstruction	...	...	...	...	40
Mucocoele of sac	...	...	...	...	21
Occluded canaliculus	...	...	...	...	2
Occluded punctum	...	...	...	...	1
Swelling of lachrymal sac	...	...	...	...	1
Tumour of lachrymal gland	...	...	...	...	2

Orbit—

Abscess of socket	...	...	...	...	4
Bruising of orbital margin	...	...	...	...	1
Cellulitis ...	...	...	...	...	7
Contracted socket	...	...	...	...	11
Cyst	...	...	...	...	2
Dense fibrous tissue	...	...	...	...	2
Dermoid	...	...	...	...	3
Displaced glass globe	...	...	...	...	1
Foreign body	...	...	...	...	2
Sarcoma ...	...	...	...	...	1
Tenonitis	...	...	...	...	1

Globe—

Atrophia bulbi	...	...	...	...	1
Blind, painful or shrunken	...	...	...	...	15
Burns : Acid	...	...	...	...	2
Ammonia	...	...	...	...	1
Caustic	...	...	...	...	4
Chemical	...	...	...	...	2
Gas	...	...	...	...	1
Gun powder	...	...	...	...	1
Lime	...	...	...	...	2
Metal	...	...	...	...	1
Scalding water	...	...	...	...	1
Others	...	...	...	...	1
Contusion	...	...	...	...	2
Endophthalmitis	...	...	...	...	3
Hydrophthalmia	...	...	...	...	3
Intra-ocular foreign body	...	...	...	...	85
Intra-ocular haemorrhage : Expulsive	...	...	...	...	1
Hyphaema	...	...	...	...	36
Vitreous	...	...	...	...	8
Microphthalmos	...	...	...	...	6
Nystagmus	...	...	...	...	1
Panophthalmitis	...	...	...	...	1
Phthisis bulbi	...	...	...	...	12
Proptosis	...	...	...	...	3
Rupture	...	...	...	...	2
Sympathetic ophthalmia	...	...	...	...	4

Wounds : Non-perforating	5
Perforating	69
Perforating with iris prolapse	57
Perforating with uveal prolapse	1
<i>Sclerotic—</i>	
Episcleritis	1
Intercalary staphyloma	1
Scleritis	2
Wounds : Perforating	9
Perforating with iris prolapse	4
Perforating with vitreous prolapse	1
<i>Ocular Muscles—</i>	
Concomitant strabismus : Alternating	138
Convergent	390
Divergent	63
Diplopia	2
Overaction of inferior oblique	3
Paralytic strabismus	1
Paresis	2
Wounds	1
<i>Iris and Ciliary Body—</i>	
Bombée	1
Cyclitis	7
Iridocyclitis : Acute	18
Chronic	24
Kerato-	5
Quiescent	10
Sympathetic	3
Iridodonesis	1
Iritis : Acute	39
Chronic	5
Gonorrhoeal	1
Hypopyon	2
Post-operative	2
Quiescent	1
Melanoma of iris	2
Naevus	1
Rupture of pupillary margin of iris	1
Sarcoidosis	1
Synechiae : Anterior	6
Posterior	4
Uveitis	14
<i>Lens—</i>	
Cataract : Complicated	75
Concussion	2
Congenital	86
Coronary	2
Diabetic	28
Dystrophia myotonica	2
Familial	1
Lamellar	16
Morgagnian	3
Posterior polar	4
Nature unknown	4
Senile	193

Traumatic	90
Unilateral	2
Dislocation, traumatic	4
Retrolental fibroplasia	1
<i>Vitreous—</i>	
Opacities	2
<i>Choroid—</i>	
Carcinoma	1
Choroiditis : Acute	3
Anterior	3
Disseminated	1
Juxtapapillary	3
Quiescent	2
Choroido-retinitis	1
Degeneration	1
Detachment	1
Haemorrhage	2
Malignant melanoma	15
Retinitis pigmentosa	1
Rupture	1
<i>Retina—</i>	
Angioma... ..	4
Choroido-retinal hypoplasia	3
Comotio	18
Detachment	327
Eales' Disease	1
Glioma	13
Haemorrhage : Macular	1
Subhyaloid	1
Oedema : Macular	4
Angio-spastic	1
Pseudoglioma	4
Retinitis : Choroido-	3
Exudative	1
Neuro-	1
Proliferans	1
Vessels : Embolism	2
Thrombosis	5
Spasm	1
Von-Hippel-Lindau's Disease	1
<i>Optic Nerve—</i>	
Optic atrophy : Bilateral	1
Partial	1
Primary	1
Retrobulbar neuritis	1
<i>Glaucoma—</i>	
Complicated	7
Congestive	1
Familial	2
Primary : Absolute	7
Acute	143
Chronic	209
Infantile	1
Sub-acute	20

Secondary	...	...	...	...	...	...	116
Thrombotic	...	...	...	...	...	...	11
<i>Miscellaneous—</i>							
Frontal sinusitis, acute	...	...	...	...	...	...	1
Discharging sinus	...	...	...	...	...	...	1
Encephalo-ophthalmic syndrome	...	...	...	...	...	...	1

ABSTRACT OF DISEASES AND INJURIES OF IN-PATIENTS PRIVATE PATIENTS

Lids—

Abscess	...	...	...	...	...	...	1
Chalazion	...	...	...	...	...	...	2
Congenital absence of lid	...	...	...	...	...	...	1
Deep prolongation of lid	...	...	...	...	...	...	1
Dermoid cyst	...	...	...	...	...	...	1
Dermo-lipoma	...	...	...	...	...	...	1
Ectropion, senile	...	...	...	...	...	...	1
Entropion, spastic	...	...	...	...	...	...	2
Granuloma	...	...	...	...	...	...	4
Haemangioma	...	...	...	...	...	...	1
Herpes ophthalmicus	...	...	...	...	...	...	2
Meibomian cyst	...	...	...	...	...	...	1
Oedema	...	...	...	...	...	...	2
Papilloma	...	...	...	...	...	...	1
Ptosis, congenital	...	...	...	...	...	...	1
Rodent ulcer	...	...	...	...	...	...	2
Spasmodic tic	...	...	...	...	...	...	1
Squamo-basal carcinoma	...	...	...	...	...	...	1
Xanthelasma	...	...	...	...	...	...	1

Lachrymal Apparatus—

Dacryoadenitis	...	...	...	...	...	...	1
Dacryocystitis, acute	...	...	...	...	...	...	1
Epiphora	...	...	...	...	...	...	1
Lachrymal obstruction	...	...	...	...	...	...	3
Occluded canaliculus	...	...	...	...	...	...	2
Occluded punctum	...	...	...	...	...	...	1

Orbit—

Cellulitis	...	...	...	...	...	...	1
Discharging socket	...	...	...	...	...	...	1

Globe—

Blind, painful or shrunken	...	...	...	...	...	...	6
Burns, ammonia	...	...	...	...	...	...	1
Displacement of globe	...	...	...	...	...	...	1
Intra-ocular foreign body	...	...	...	...	...	...	1
Intra-ocular haemorrhage, hyphaema	...	...	...	...	...	...	3

Conjunctiva—

Conjunctivitis, Muco-purulent	...	...	...	...	...	...	1
Melanoma	...	...	...	...	...	...	2
Pterygium	...	...	...	...	...	...	1

Cornea—

Abrasion	...	...	...	...	...	2
Anaesthetic cornea	...	...	...	...	...	1
Buphthalmos	...	...	...	...	...	1
Foreign body	...	...	...	...	...	2
Herpes ophthalmicus	...	...	...	...	...	2
Hypo-aesthesia	...	...	...	...	...	1
Hyalinisation	...	...	...	...	...	1
Keratitis : Deep	...	...	...	...	...	6
Neuropathic	...	...	...	...	...	1
Superficial punctate	...	...	...	...	...	1
Kerato-iritis	...	...	...	...	...	1
Kerato-uveitis	...	...	...	...	...	1
Nebula	...	...	...	...	...	2
Ulcer : Central	7
Dendritic	3
Hypopyon	1
Marginal	3
Mooren's	1

Sclerotic—

Episcleritis	1
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Ocular Muscles—

Concomitant strabismus :	Alternating	16
	Convergent	33
	Divergent	8
Diplopia	...	...	...	...	...	1
Exophoria	...	...	...	...	...	1
Inferior oblique overaction	...	...	...	...	...	2
Paresis	...	...	...	...	...	1

Iris and Ciliary Body—

Cyclitis	...	...	...	...	...	1
Irido-cyclitis	...	...	...	...	...	10
Iritis	...	...	...	...	...	9
Neoplasm	...	...	...	...	...	1
Prolapse, post-operative	...	...	...	...	...	1
Synechiae : Anterior	...	...	...	...	...	2
Posterior	...	...	...	...	...	1
Uveitis	...	...	...	...	...	2

Lens—

Cataract :	Complicated	...	...	...	...	14
	Concussion	...	...	...	...	1
	Congenital	...	...	...	...	3
	Diabetic	...	...	...	...	7
	Senile	...	...	...	...	195
	Traumatic	...	...	...	...	8

Retina—

Cyst	...	...	...	...	...	1
Detachment	...	...	...	...	...	41
Haemorrhage, recurrent	...	...	...	...	...	1
Retinitis, exudative	...	...	...	...	...	1
Vessels, embolism	...	...	...	...	...	1

Choroid—

Choroiditis, macular	1
Degeneration	...	...	...	...	...	1
Malignant melanoma	...	...	...	...	...	3
Sarcoma	...	...	...	...	...	1

Glaucoma—

Primary : Acute	...	...	...	...	...	17
Chronic	...	...	...	...	...	53
Secondary	...	...	...	...	...	16
Thrombotic	...	...	...	...	...	2

OPERATIONS PERFORMED IN THE OUT-PATIENT THEATRES*Lids—*

Abscess, incision	...	...	...	...	...	33
Adenoma, excision	...	...	...	...	...	1
Cellulitis, incised	...	...	...	...	...	1
Chalazion, incision and curettage	...	...	...	...	...	2,044
Cyst, excision	...	...	...	...	...	203
Ectropion : Cauterization	...	...	...	...	...	18
Lateral tarsorrhaphy	...	...	...	...	...	3
Snellen's Sutures	...	...	...	...	...	10
V-Y operation	...	...	...	...	...	2
Wheeler's operation	...	...	...	...	...	3
Entropion : Electrolysis	...	...	...	...	...	11
Skin and Muscle	...	...	...	...	...	75
Transplantation of lashes	...	...	...	...	...	11
Wheeler's operation	...	...	...	...	...	1
Granuloma, excision	...	...	...	...	...	2
Haemangioma, cauterization	...	...	...	...	...	1
Hordeolum, incision	...	...	...	...	...	38
Lesion, excision	...	...	...	...	...	2
Lymphatic cyst, excision	...	...	...	...	...	2
Meibomian cyst, excision	...	...	...	...	...	3
Nodule, excision	...	...	...	...	...	1
Papilloma, excision	...	...	...	...	...	52
Rodent ulcer, excision	...	...	...	...	...	6
Sebaceous cyst, excision	...	...	...	...	...	14
Stye, incision	...	...	...	...	...	48
Tarsal cyst, curettage	...	...	...	...	...	1
Tarsorrhaphy, electrolysis	...	...	...	...	...	22
Tumour, removal	...	...	...	...	...	2
Wart, removal	...	...	...	...	...	18
Wounds, suture	...	...	...	...	...	21
Xanthoma, excision	...	...	...	...	...	2

Lachrymal Apparatus—

Abscess, incision	...	...	...	...	...	2
Canaliculus, splitting	...	...	...	...	...	1
Constricted punctum, opened and curetted	...	...	...	...	...	1
Dacryocystitis, acute, incision	...	...	...	...	...	4
Dacryocystitis, chronic :	...	...	...	...	...	2
Excision of sac	...	...	...	...	...	15
Probing of lachrymal duct	...	...	...	...	...	68
Dacryocystectomy	...	...	...	...	...	1
Syringing	...	...	...	...	...	6

Everted punctum : Cautery—scarring	...	...	3
Three Snip operation	...	...	17
Snellen's suture	...	...	1
Lacerated canaliculus, suture	...	...	1
Streptothrix of canaliculus, removal	...	...	2

Conjunctiva—

Concretions, removal	...	...	...	23
Curettage	...	...	...	1
Cysts, excision	...	...	...	57
Dermoid cyst, excision	...	...	...	8
Granuloma, excision	...	...	...	33
Naevus, excision	...	...	...	1
Nodule, removal	...	...	...	1
Papilloma, excision	...	...	...	15
Pterygium, excision	...	...	...	1
Trachoma, electrolysis	...	...	...	1
Suture, removal	...	...	...	4
Wounds, suture	...	...	...	10

Cornea—

Abscess, incision	...	...	...	2
Foreign body, removal (severe cases)	...	...	...	45
Ulcer : Carbolicization	1,300
Iodization	14
Peritomy	1
Paracentesis	1

Sclerotic—

Wounds, suture	1
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Lens—

Capsulotomy	122
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Socket—

Amniotic graft	2
Granulations, excision of	3

Miscellaneous—

Boil, incised	1
Boil of R. forehead, removal	...	...	...	1
Biopsy	...	...	...	4
Examination under anaesthetic	...	...	...	45
Iodine injection for iritis	...	...	...	1
Laceration of brow, suture	...	...	...	1
N.A.B. injection for iritis	...	...	...	1
Penicillin injection for corneal ulcer	...	...	...	6
Retro-bulbar injection for glaucoma	...	...	...	1
Retro-bulbar injection of alcohol	...	...	...	11
“ “ “ “ “ for painful eye	...	...	...	6
“ “ “ “ “ novocaine	...	...	...	2
“ “ “ “ “ subconjunctival penicillin for corneal abscess	...	...	...	1
Subconjunctival injection for corneal abscess	...	...	...	1
“ “ “ “ “ foreign body	...	...	...	14
“ “ “ “ “ keratitis	...	...	...	3
“ “ “ “ “ oedema	...	...	...	1

Subconjunctival injection of mydraine for iritis ...	267
" " " penicillin for hypopyon ...	37
" " " " " iritis ...	51
" " " " and mydraine for hypopyon iritis ...	17
Trichloroacetic acid for slight iris prolapse ...	1

General Anaesthetics—

Chloroform and ether ...	15
Ethyl chloride ...	224

OPERATIONS PERFORMED IN THE IN-PATIENT THEATRES GENERAL WARD PATIENTS

Lids—

Abscess, incision ...	8
Amniotic membrane graft ...	7
Canthotomy ...	1
Chalazion, incision and curettage ...	3
Cyst, removal ...	2
Ectropion, Snellen's sutures ...	3
Enlargement of fornix ...	1
Entropion : Skin and Muscle ...	17
Wheeler's operation ...	1
Expression of follicles ...	2
Fascia-lata graft ...	2
Foreign body, removal... ..	1
Growth, removal ...	1
Lipoma, excision ...	1
Melanoma, excision ...	1
Meibomian, excision ...	2
Mucous graft to lid margin ...	5
Naevus, removal ...	1
Plastic ...	11
Ptosis : ...	2
Advancement of Levator Palp. Sup. ...	1
Blaskowicz ...	6
Bowman's ...	3
Dickey's ...	2
Greeves ...	5
Hess ...	2
Mott ...	14
Plastic ...	1
Rodent ulcer, excision ...	4
Scarification ...	1
Sebaceous cyst, excision ...	2
Suture, removal ...	1
Symblepharon, plastic ...	1
Symblepharon, division ...	1
Tarsorrhaphy ...	21
Trichiasis, electrolysis ...	4
Trichiasis, plastic ...	2
Wounds, suture ...	3
Xanthelasmata, removal ...	2
Xanthoma, excision ...	1

Lachrymal Apparatus—

Aspiration of mucocoele	...	...	...	...	1
Canaliculus, repair	...	...	...	...	5
Canaliculus, splitting	...	...	...	...	1
Dacryocystectomy	...	...	...	...	11
Dacryocystitis : Dacryocystorhinostomy	...	...	...	...	70
Excision of sac	...	...	...	...	11
Probing of nasal duct	...	...	...	...	10
Everted punctum—Three Snip operation	...	...	...	...	2
Excision of lachrymal abscess	...	...	...	...	4
Excision of lachrymal gland	...	...	...	...	2
Exploration of punctum	...	...	...	...	1
Opening of lachrymal sac	...	...	...	...	1
Syringing of lachrymal sac	...	...	...	...	12

Orbit—

Abscess, incision	...	...	...	...	3
Contracted socket, plastic	...	...	...	...	3
Cyst, excision	...	...	...	...	3
Exploratory incision	...	...	...	...	2
Lump from socket, excision	...	...	...	...	1
Neoplasm, resection	...	...	...	...	1
Tumour, removal	...	...	...	...	1

Globe—

Electro-magnet, negative result	...	...	...	...	3
Electro-magnet, removal of foreign body	...	...	...	...	85
Enucleation	...	...	...	...	12
Evacuation of hyphaema	...	...	...	...	1
Evisceration	...	...	...	...	18
Excision	...	...	...	...	143
Excision, insertion of globe	...	...	...	...	11
Limbal ring insertion for X-ray	...	...	...	...	9
Mucous graft to socket	...	...	...	...	12
Radon seeds, insertion	...	...	...	...	3
Radon seeds, removal	...	...	...	...	2
Thiersch graft to socket	...	...	...	...	1

Conjunctiva—

Amniotic membrane graft	...	...	...	...	1
Biopsy	...	...	...	...	1
Conjunctival flap	...	...	...	...	46
Dermoid cyst, excision	...	...	...	...	6
Epilation of lashes	...	...	...	...	1
Foreign body, removal...	...	...	...	...	1
Granuloma, excision	...	...	...	...	4
Limbal ring staphyloma, excision	...	...	...	...	1
Lower fornix, incision	...	...	...	...	1
Melanoma, excision	...	...	...	...	1
Naevus, removal	...	...	...	...	2
Neoplasm of caruncle, excision	...	...	...	...	1
Plastic	...	...	...	...	1
Pterygium, dissection	...	...	...	...	8
Suture, removal	...	...	...	...	2
Tissue, removal	...	...	...	...	1
Tumour, excision	...	...	...	...	2
Wounds, repair	...	...	...	...	1

Cornea—

Abscess, incision	...	...	...	...	4
Curettage of cornea	...	...	...	...	9
Foreign body, removal...	...	...	...	...	5
Graft	...	...	...	...	16
Paracentesis	...	...	...	...	40
Paracentesis, reopening	...	...	...	...	2
Peritomy	...	...	...	...	5
Scraping	...	...	...	...	3
Suture	...	...	...	...	5
Suture, removal	...	...	...	...	28
Suture, tightening	...	...	...	...	1
Tattooing of leucoma	...	...	...	...	4
Toilet to cornea...	...	...	...	...	1
Ulcer : Carbolicization	...	...	...	...	8
Iodization	...	...	...	...	1
Paracentesis	...	...	...	...	2
A.C. Wash-out	...	...	...	...	45
Wounds, repair	...	...	...	...	3

Sclerotic—

Anterior sclerotomy	...	...	...	...	59
Aspiration of vitreous	...	...	...	...	3
Catholysis	...	...	...	...	1
Cruise sclerotomy	...	...	...	...	1
Cruise flap sclerotomy	...	...	...	...	1
Diathermy	...	...	...	...	343
Flap sclerotomy	...	...	...	...	1
Foreign body, removal...	...	...	...	...	1
Herbert's sclerotomy	...	...	...	...	3
Lagrange sclerectomy	...	...	...	...	1
Neame's operation	...	...	...	...	2
Nodule, excision	...	...	...	...	1
Posterior sclerotomy	...	...	...	...	3
Resection of sclera	...	...	...	...	1
Scleral ring, removal	...	...	...	...	1
Section of sclera	...	...	...	...	4
Suture	...	...	...	...	4
Trephine	...	...	...	...	45
Trephine with complete iridectomy	...	...	...	...	29
Trephine with peripheral iridectomy	...	...	...	...	140
Wounds, repair	...	...	...	...	4

Ocular Muscles—

Advancement	...	...	...	...	27
Advancement and recession	...	...	...	...	247
Advancement and tenotomy	...	...	...	...	46
Myectomy	...	...	...	...	20
Myotomy	...	...	...	...	1
Reattachment of internal rectus	...	...	...	...	16
Recession	...	...	...	...	163
Recession and resection	...	...	...	...	85
Recession and tenotomy	...	...	...	...	1
Tenectomy	...	...	...	...	2
Tenotomy	...	...	...	...	20
Tenotomy and resection	...	...	...	...	4

Iris and Ciliary Body—

Abscission of iris prolapse	...	...	...	103
Abscission of uveal prolapse	...	...	...	1
Abscission of vitreous prolapse	...	...	...	2
Cyclodialysis	...	...	...	49
Division of anterior synechia	...	...	...	20
Division of posterior synechia	...	...	...	1
Iridectomy :	...	...	...	13
Glaucoma	...	...	...	101
Graefe	...	...	...	2
Keratome	...	...	...	11
Optical	...	...	...	3
Iridencleisis	...	...	...	33
Iridotomy	...	...	...	17
Iris, reposition	...	...	...	1
Replacement of anterior synechia	...	...	...	1
Replacement of iris	...	...	...	1
Reposition of iris prolapse	...	...	...	10

Lens—

Capsulotomy	...	...	...	279
Curette evacuation	...	...	...	24
Extraction, extracapsular :	Complete iridectomy	...	...	62
	Peripheral iridectomy	...	...	310
	Simple	...	...	310
Extraction, intracapsular	...	...	...	263
Freeing of lens capsule from corneal wound	...	...	...	1
Linear extraction	...	...	...	2
Needling	...	...	...	121
Scoop extraction	...	...	...	14
Transillumination	...	...	...	3

Miscellaneous—

Application of solid penicillin to cornea	...	...	...	1
Application of solid penicillin to lid	...	...	...	1
Biopsy	...	...	...	1
Goniotomy	...	...	...	9
Injection of air into Tenons capsule	...	...	...	2
Injection of penicillin	...	...	...	2
Injection of penicillin to Meibomian cyst	...	...	...	1
Injection of pure penicillin to corneal marginal ulcer	...	...	...	1
Intra-vitreous injection of penicillin	...	...	...	1
Methylene blue into sclera	...	...	...	1
N.A.B. injections	...	...	...	3
Neoplasm, excision	...	...	...	1
Nucleus from anterior chamber, extraction	...	...	...	1
Radium plaques, insertion	...	...	...	1
Radium plaques, removal	...	...	...	1
Removal of lashes from anterior chamber	...	...	...	2
Retro-ocular haemorrhage	...	...	...	1
Section of post ciliary nerves	...	...	...	1
Subconjunctival injection of penicillin	...	...	...	2
Subconjunctival injection of penicillin and mydracaine	...	...	...	1
Tarsal plate, resection	...	...	...	1
Transplantation of lashes	...	...	...	1
Zinc irrigation	...	...	...	1
Retro-bulbar injection of alcohol	...	...	...	5

Conjunctiva—

Conjunctival flap	3
Cyst, excision	...	...	...	...	...	2
Dermoid cyst, excision	...	...	...	...	...	1
Granuloma, excision	...	...	...	...	...	1
Naevus, removal	...	...	...	...	...	2
Pterygium, transplantation	...	...	...	...	...	1
Suture, removal	...	...	...	...	...	2

Cornea—

Amniotic graft	...	...	...	...	...	1
Foreign body, removal...	...	...	...	...	...	2
Paracentesis	...	...	...	...	...	5
Suture	...	...	...	...	...	1
Suture, removal	...	...	...	...	...	13
Tattooing of leucoma	...	...	...	...	...	1
Ulcer : Carbolicization	...	...	...	...	...	4
Cauterization	...	...	...	...	...	2
Paracentesis	...	...	...	...	...	1
A.C. Wash-out	...	...	...	...	...	6

Sclerotic—

Anterior sclerotomy	...	...	...	...	...	3
Anterior flap sclerotomy	...	...	...	...	...	1
Cruise sclerotomy	...	...	...	...	...	1
Diathermy	...	...	...	...	...	45
Flap sclerotomy	...	...	...	...	...	2
Herbert's sclerotomy	...	...	...	...	...	4
Lagrange sclerectomy	...	...	...	...	...	1
Posterior sclerotomy	...	...	...	...	...	2
Section of sclera	...	...	...	...	...	1
Trephine	...	...	...	...	...	33
Trephine with complete iridectomy	...	...	...	...	...	1
Trephine with peripheral iridectomy	...	...	...	...	...	9

Ocular Muscles—

Advancement and recession	...	...	...	...	...	15
Advancement and tenotomy	...	...	...	...	...	8
Myectomy	...	...	...	...	...	2
Recession	...	...	...	...	...	16
Recession and resection	...	...	...	...	...	13
Tenotomy	...	...	...	...	...	2
Tenotomy and resection	...	...	...	...	...	1

Iris and Ciliary Body—

Abcission of iris prolapse	...	...	...	...	...	6
Cyclodialysis	...	...	...	...	...	1
Division of anterior synechia	...	...	...	...	...	4
Iridectomy :	...	...	...	...	...	1
Glaucoma	...	...	...	...	...	12
Keratome	...	...	...	...	...	2
Optical	...	...	...	...	...	1
Iridencleisis	...	...	...	...	...	6
Iridoplasty	...	...	...	...	...	1
Iridotomy	...	...	...	...	...	3
Iridotomy, Wheeler's	...	...	...	...	...	3
Iris inclusion	...	...	...	...	...	1

Lens—

Capsulotomy	70
Extraction, extracapsular :	
Complete iridectomy ...	4
Peripheral iridectomy ...	12
Simple	77
Extraction, intracapsular	24
Needling	2
Transillumination	1

Miscellaneous—

Application of trichloroacetic acid to section ...	4
Cautery to fistula	1
Conjunctival biopsy swab	1
Cyst of cheek, removal... ..	1
Examination under anaesthetic	3
Examination under cocaine	1
Extraction of tooth root	1
Injection of 90 per cent. alcohol	1
Injection to facial nerve	1
Retrobulbar injection of alcohol	3
Rodent ulcer	1
Submucous resection	1
Subconjunctival injection of penicillin and mydracaine ...	1
Teeth, extraction	1

General Anaesthetics—

Ethyl chloride	5
Nitrous oxide	23
Gas, oxygen and ether	4
Pentothal	88

WESTMINSTER BRANCH.

OPERATIONS PERFORMED IN THE IN-PATIENT THEATRE

<i>Lids—</i>	<i>Operation.</i>	<i>General Wards</i>	<i>Private Wards</i>	<i>Total</i>
	Abscess, incision	2	—	2
	Biopsy	1	1	2
	Cyst, excision of	2	—	2
	Dermoid cyst, excision of	3	1	4
	Ectropion : Snellen's sutures	1	—	1
	Herbert's operation	1	—	1
	Van Milligan's operation	1	—	1
	Wheeler's operation	1	1	2
	Entropion : cautery puncture	—	4	4
	skin and muscle operation	3	6	9
	Fascial graft with plastic repair	1	—	1
	Granuloma, excision of	1	1	2
	Lacerated lids, sutured	2	—	2
	Meibomian cyst, incised and curetted	29	5	34
	Papilloma : cautery	3	—	3
	excision	5	2	7
	Plastic repair	6	1	7
	Ptoxis : Blaskowicz's operation	11	1	12
	Hess operation	1	—	1
	skin excised	1	—	1
	Rodent ulcer, excision of	1	—	1
	Symblepharon, division of	2	—	2
	Tarsorrhaphy	8	3	11
	Trichiasis, electrolysis	3	—	3
<i>Sclerotic—</i>				
	Corneo-scleral trephine	96	22	118
	Detached Retina : diathermy	33	3	36
	diathermy and cautery	15	1	16
	diathermy and electrolysis	4	12	16
	cautery	2	—	2
	Flap sclerotomy	14	—	14
	Posterior sclerotomy	4	—	4
	Preziosi's operation	2	—	2
	Scleral resection with diathermy	1	—	1
	Sclerectomy	—	1	1
<i>Conjunctiva—</i>				
	Conjunctival flap	1	2	3
	Cauterising of conjunctival flap	—	1	1
	Cyst of conjunctiva, excised	2	—	2
	Granuloma, excision of	7	1	8
	Kuhnt's operation	—	2	2
	Pterygium, dissection	4	1	5
	Removal of sutures	3	2	5
<i>Corneal—</i>				
	A.C. washout	2	—	2
	Cataract section, cautery to	1	—	1
	Dermoid cyst of limbus, excision	2	—	2
	Foreign body, removal of	4	—	4
	Graft	1	—	1

Operation					General Wards	Private Wards	Total
Paracentesis ...	...	...	...	...	24	1	25
Peritomy ...	...	...	...	...	1	—	1
Suture ...	...	...	...	...	1	—	1
Tattooing of leucoma ...	...	...	...	...	4	1	5
Vitreous adhesion, division ...	...	...	...	...	1	—	1

Iris and Ciliary Body—

Anterior synechiae, division of ...	...	...	...	...	10	—	10
Cyclodialysis ...	...	...	...	...	16	1	17
Iridectomy : broad ab externo ...	...	...	...	...	30	6	36
broad ...	...	...	...	...	9	5	14
optical ...	...	...	...	...	6	1	7
preliminary ...	...	...	...	...	2	5	7
Iridencleisis ...	...	...	...	...	17	7	24
Iridotomy ...	...	...	...	...	6	1	7
Iris Prolapse : abscission ...	...	...	...	...	48	7	55
cautery ...	...	...	...	...	—	1	1
reposition ...	...	...	...	...	2	1	3
Vitreous Prolapse, abscission ...	...	...	...	...	2	—	2

Lens—

Capsulotomy ...	...	...	...	...	211	44	255
Curette evacuation ...	...	...	...	...	14	1	15
Discission ...	...	...	...	...	29	—	29
Extraction, extracapsular, simple ...	...	...	...	...	147	61	208
extracapsular, simple bridge ...	...	...	...	...	15	5	20
extracapsular, with peripheral iridectomy ...	...	...	...	...	50	2	52
extracapsular, with complete iridectomy ...	...	...	...	...	40	6	46
Extraction, intracapsular, simple ...	...	...	...	...	18	10	28
intracapsular, with complete iridectomy ...	...	...	...	...	21	5	26
intracapsular, with peripheral iridectomy ...	...	...	...	...	12	10	22
intracapsular, with iridotomy ...	...	...	...	...	1	—	1
Linear extraction ...	...	...	...	...	2	—	2
Vectis extraction ...	...	...	...	...	2	1	3

Globe—

Excision ...	...	...	...	...	28	4	32
glass ball inserted ...	...	...	...	...	13	2	15
plastic ball inserted ...	...	...	...	...	4	2	6
Evisceration ...	...	...	...	...	6	—	6
I.O.F.B., magnet extraction ...	...	...	...	...	16	—	16
magnet negative ...	...	...	...	...	13	—	13
attempted removal ...	...	...	...	...	5	—	5
Tonometry ...	...	...	...	...	—	2	2

Lachrymal Passages—

Caniculotomy, 3-snip ...	...	...	...	...	2	1	3
Dacryocystectomy ...	...	...	...	...	2	1	3
Dacryocystorhinostomy ...	...	...	...	...	42	7	49
Lachrymal abscess, incision of ...	...	...	...	...	2	—	2
gland, excision of tumour ...	...	...	...	...	—	1	1
puncta, sealing of ...	...	...	...	...	1	1	2
sac, probing of ...	...	...	...	...	9	8	17
sac, syringing of ...	...	...	...	...	9	5	14

Extra-Ocular Muscles—

Advancement	...	...	...	...	6	—	6
and resection	...	...	...	...	1	1	2
and recession	...	...	...	...	1	—	1
and tenotomy	...	...	...	...	1	1	2
Myectomy of inferior oblique	...	...	...	...	21	15	36
and lateral myectomy	...	...	...	...	—	1	1
and lateral recession	...	...	...	...	13	7	20
and lateral recession and resection	...	...	...	...	7	—	7
and lateral tenotomy and resection	...	...	...	...	1	—	1
Myectomy, marginal	...	...	...	...	5	2	7
and resection	...	...	...	...	1	—	1
O'Connor's operation	...	...	...	...	1	—	1
„ „ and lateral recession	...	...	...	...	3	—	3
„ „ „ tenotomy	...	...	...	...	1	—	1
Reattachment of internal rectus	...	...	...	...	1	—	1
„ external rectus	...	...	...	...	2	—	2
Resection, lateral	...	...	...	...	14	10	24
and recession	...	...	...	...	247	40	287
and tenotomy	...	...	...	...	9	2	11
3-snip	...	...	...	...	2	1	3
Recession, lateral	...	...	...	...	160	59	219
vertical, sup. rectus	...	...	...	...	2	1	3
and lateral myotomy	...	...	...	...	1	—	1
and tenotomy	...	...	...	...	2	—	2
Recession, vertical inferior rectus	...	...	...	...	3	1	4
Tenotomy, lateral, free	...	...	...	...	29	8	37
3-snip	...	...	...	...	6	1	7

Orbit—

Excision of tumour	...	...	...	...	1	—	1
Removal of packing from cavity	...	...	...	...	1	—	1

Miscellaneous—

Axillary abscess incised	...	...	...	...	1	—	1
Attempted removal of F.B. from buttock	...	...	...	...	1	—	1
Examination under anaesthetic	...	...	...	...	10	6	16
Fundus examination	...	...	...	...	9	—	9
Removal of cyst, lumbar region	...	...	...	...	1	—	1
malar region	...	...	...	...	—	1	1
Transillumination	...	...	...	...	3	—	3

Anaesthetics—

Ethyl Chloride	...	...	...	...	1	—	1
Pentothal	...	...	...	...	22	8	30
Other G.A.	...	...	...	...	584	167	751

OPERATIONS PERFORMED IN THE OUT-PATIENT THEATRE

Lids—

Abscess, incision	...	...	...	...	15
Chalazion, incision	...	...	...	...	85
Chalazion, incision and curettage	...	...	...	...	694
Concretions, removed	...	...	...	...	4
Cyst of lid, excision	...	...	...	...	6
Cyst of caruncle, excised	...	...	...	...	1
Cyst of inner canthus, excised	...	...	...	...	1
Ectropion : cauterisation. punctures	...	...	...	...	8
Snellen's sutures "3-snip" operation	...	...	...	...	1
Entropion : cautery	...	...	...	...	31
skin and muscle	...	...	...	...	20
Granulations, excised	...	...	...	...	4
Granuloma, excised	...	...	...	...	8
Growth, excised	...	...	...	...	1
Hordeolum, incision	...	...	...	...	31
Lymphangitic cyst, incised	...	...	...	...	4
Papilloma, excision	...	...	...	...	11
Plastic, repair	...	...	...	...	5
Rodent ulcer	...	...	...	...	4
Sebaceous cyst, excision	...	...	...	...	30
Cyst of Zeiss, excised	...	...	...	...	7
Tarsorrhaphy	...	...	...	...	21
Tarsorrhaphy, re-opened	...	...	...	...	15
Trichiasis, electrolysis	...	...	...	...	26
Wart, cautery	...	...	...	...	47
Wounds, sutured	...	...	...	...	5

Lachrymal Apparatus—

Blocked caniculus, canaliculotomy	...	...	...	...	18
Dacryocystitis, acute, incision	...	...	...	...	1
Punctum, cautery to inverted	...	...	...	...	3
Dacryocystitis, chronic : abscess, incision	...	...	...	...	8
probing of lachrymal duct	...	...	...	...	46
syringing (under GA)	...	...	...	...	3
Epiphoria, "3-snip" operation	...	...	...	...	22
Adenoma of punctum	...	...	...	...	1

Conjunctiva—

Cysts, excision	...	...	...	...	25
Granuloma, excision	...	...	...	...	15
Wounds, suture	...	...	...	...	3
Sub-conjunctival injection	...	...	...	...	100
Retro-bulbar alcohol injection	...	...	...	...	14

Cornea—

Site of foreign body, carbolic and curetted	...	...	...	...	2
Trachoma, electrolysis	...	...	...	...	2
scraping of upper tarsal plate	...	...	...	...	3
Ulcer : carbolic	...	...	...	...	280
peritomy	...	...	...	...	11
Vascularised cornea, cauterisation	...	...	...	...	1

Socket—

Cellulitis, probing of sinus	1
Granulations, excision	5
Adhesions to socket snipped	1

Miscellaneous—

Examination under anaesthetic	3
Lime burns and caustic soda	3
W.R.	21
Vaccination	1
I.M. penicillin	6
Carbuncle eyelid excised	1
Streptothrix removed	1

General Anaesthetics

Chloroform and ether	3
Ethyl chloride	21
Intravenous injections	21



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Methodology

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Results and Discussion

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3. General principles of the

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