LAMELLAR GRAFTS*

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UP to the present it has usually been necessary to obtain a whole eye for cutting a lamellar graft. When the graft is of the perforating type, an isolated cornea can be used; and Amsler's technique of cutting from the endothelial surface, the cornea being supported in a paraffin-wax mould, seems to give good results. One cannot, however, cut lamellar grafts from the cornea isolated from the eyeball unless one has something to hold or support it.

FIGURE.—Finger of rubber glove filled with Dunlopillo. Cornea in position, two stitches tied, others passed. Dotted line indicates trephine mark.

It occurred to me to pack the finger of a rubber glove fairly tightly with Dunlopillo, the top end of which has been roughly shaped to form a hemisphere of 8-mm. radius, and to suture the donor cornea on to the end of it, as shown in the Figure.

It is quite a simple matter to pass the sutures, provided the proper forceps are ready to hand for holding the edge of the cornea; but a little care must be exercised to place them in the right position, otherwise there may be some corneal distortion on tying them, and an oval graft will result instead of a round one. Having the cornea secure in position, the rubber finger can be held with one hand while the other holds the knife for cutting the graft.

Good results have been obtained with Gillette's surgical blade, type A, fitted into a Bard Parker handle. The usual procedure of outlining with a trephine is of course carried out first, and so far the French technique of starting the cut beyond the outline of the proposed graft has been used. The technique is simple and has the advantage of not requiring the whole eye.

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