APPLIANCES

OPHTHALMIC NEEDLE HOLDER*

BY

JOHN FOSTER

Leeds

A MODIFICATION of Gillies's plastic needle holder for ophthalmic use was described by the author 17 years ago (Foster, 1938). This consisted in a reduction in size of the handle and scissors-shank of Gillies's instrument, and the replacement of the curved jaws intended to hold needles for intradermal suturing by the jaws of a Quarry Silcock needle holder of average size. The instrument had all the great advantages of Gillies's instrument for the forceps tie-knot, though the scissor blades could only be used when cutting sutures in the lids on the temporal side of the eye, owing to limitations of space.

With the development of corneo-corneal suturing in cataract extraction, and the corneal grafting made possible by the *Bindehautnadel nach Professor Vogt* (usually known in England by the Grieshaber catalogue designations 81/7 and 81/10) and the *fil de suture cornéenne de Marcel Kalt* (usually referred to here as Kalt's silk, though it is in fact Sea Island cotton), it became obvious that the jaws were too big to control these tiny round needles and that the serrations on the jaws at times failed to maintain a grip on the fine threads when seized parallel to them. To correct this, the jaws have now been reduced to a little below the size of the smallest Quarry Silcock needle holder obtainable as a pattern (about half the size of the 1938 model), and the rest of the instrument has been diminished in proportion. The length is now $4\frac{1}{2}$ ", whereas the design of 1938 was 5" long (Figure).

It was subsequently found necessary to reduce the angle made by the thumb-ring with the shank of the forceps. Two models have been produced, one with scissors (B) and one (A) without. The latter has the slight advantage that the loop of

*Received for publication September 13, 1955.

+ The instrument is made in stainless steel by Chas. F. Thackray Ltd., Park Street, Leeds, 1.

thread in the forceps tie slides over it a little more easily than with the other. The increased control of the small needle, and the shortened distance between the fingers and the jaws make corneal suturing much easier, and the flattened jaws never fail to grasp the finest thread, thus improving the instrument for cataract extraction and keratoplasty, while retaining its advantages for other ophthalmic operations.

REFERENCE

FOSTER, J. (1938). *British Journal of Ophthalmology*, 15, 430.

Brit. J. Ophthal. (1956) 40, 61.

SHADE ATTACHED TO SPECTACLE FRAME TO PROTECT FROM GLARE IN EARLY OR PREMATURE CATARACT*

BY

H. NEAME

London

THE eye-shade is attached to the spectacle-frame for patients with early or immature cataract. It is well known that such patients often see much more clearly in sunlight and in artificial light if the eyes are shaded from glare by holding a hand against the forehead immediately above the eyes. The eye-shade (Figure) must be made for the individual so as to fit accurately the curve of the forehead.

The shade may be used with distance, bifocal, or reading glasses, and has been of some benefit even when the visual acuity was as good as 6/12.

*Received for publication August 9, 1955.