NOTES, CASES AND INSTRUMENTS

SUBCONJUNCTIVAL GRAFT OF FASCIA LATA.

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I wish to report a subconjunctival graft, which I used recently with success.

The boy was injured by a splinter of kindling wood piercing his right eye. The wound was at "9 o'clock" on the corneoscleral margin, and just in front of the ciliary body, and extended over three millimeters into the cornea. The iris was torn by the splinter, but fortunately the lens and the ciliary body were uninjured.

The wound occurred in the summer of 1918, and the eye was first treated at a dispensary in Louisville. I saw the boy about July at the Indianapolis City Dispensary; there was then a protrusion of the iris thru the unhealed wound. I did an iridectomy and covered the opening with a single conjunctival patch, after Kuhnt's method. This conjunctival patch was not strong enough to hold, and "ballooned" over the opening with a little more iris protruding.

I again did an iridectomy and used a double conjunctival patch with the same unfortunate result.

On December 10, 1918, there was no plus tension with a McLean tonometer, and the vision was 20/100, so I knew a stronger patch was necessary. While talking to Dr. Murray Hadley, a surgeon of Indianapolis, he suggested fascia lata, and it was this which I used.

I cut away the conjunctiva over the wound and undermined it well back. At the corneal edge of the wound I split the cornea which was much easier to do on account of the conjunctiva which had become attached from the former patch. The opening into the eye was then entirely exposed, irregular in shape, and about 4x3 mm. in size. I took a piece of fascia lata about 1 cm. square, trimmed off the edge to dovetail into the split cornea. I placed this patch under the conjunctiva and put the

beveled edge into position where I anchored it snugly with a single stitch, passing thru the fascia lata and outer portion of the cornea. I then passed a silk suture thru each of the other edges of the fascia letting them come out thru the conjunctiva well back. By tightening these three stitches I could use them as "guy ropes" against the point anchored to the cornea, to make the patch fit more snugly to the eye, and at the same time loosen up the conjunctiva with which to cover it. These stitches were then tied and the patch entirely covered with the conjunctiva.

I have seen the boy several times since, and the eye needed no further interference beyond removing the stitches.

In July, 1919, the patch had every appearance of doing all I could wish. His vision was then 20/70. Tension was 22 mm. with McLean tonometer, and with his correction of +1.00 S $\ominus$ +2.50 C ax 70° he had 20/20 vision under mydriatic.

I believe from my single experience that fascia lata has proven to make a live subconjunctival graft of great strength, which is tolerated by the cornea. It can easily be gotten under local anesthesia from the leg just above the knee, thinned down and cut into any desired shape. All of the thinning down should be on one side, leaving the other smooth surface to go next to the sclera and the opening. While I have never used it for the purpose, I believe fascia lata could be better used than any other substance for replacing tarsal plate, should this be desired.

HEREDITARY CATARACT IN CALVES

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The occurrence of hereditary cataract in calves was recently demonstrated upon five blind animals in the experi-