

Sydney, 7/2/1970

Carissimo Cancelliere,

Le accludo la lettera (copia fotostatica) mandataci dal Dr. Tester dietro nostra esplicita richiesta.

Il Dr. Tester stesso ha operato Ettore Cipollone. Dino Gustin si è messo in contatto con il prof. Strampelli dell' Ospedale di San Giovanni di Roma ed attendiamo risposta.

Da Dino stesso se vuole potrà avere i particolari dela suo esposto al professore.

Questa copia può tenerla perchè noi ne abbiamo delle altre.

Con molta cordialità

Ettore Cipollone

27th May, 1968.

On January 4th, 1968 a fascia lata band was encircled around the globe with a buckle being produced in the upper temporal quadrant to cover the breaks and a further buckle in the lower temporal quadrant to close the dialysis.

Post-operatively the left retina became flat and on January 25th, 1968 the vision in this eye was 6/60 with a suitable correction.

While he had been in hospital for the operation on the left eye it was found that the right retina flattened somewhat with rest and it was decided that an attempt should be made to re-attach the retina in this eye.

At the end of February, 1968 a band of fascia was encircled about the right eye being buried over two or three suspicious areas down the temporal side of the globe.

This did not appear terribly successful although the fundus was an extremely difficult one to examine because of the lens opacities.

In April the left retina appeared to re-detach. In this case the detachment was coming from a fresh break in the upper temporal quadrant and again it was found that with bed-rest this tended to flatten somewhat. Subsequently, light-coagulation was placed around the posterior border of this break and again the retina flattened.

At his most recent examination on May 20th, it was discovered that both retinas were again fully detached. On this examination it was not possible to find any open break in either fundus. Increasing lens opacities make it increasingly difficult to view the fundi and it is my opinion now that consideration will have to be given to remove the lenses before further retinal surgery can be anticipated.

Yours faithfully,

*M. P. Tester*

M.P. TESTER.



The University of Sydney  
DEPARTMENT OF OPHTHALMOLOGY AND EYE HEALTH  
SYDNEY, N.S.W.

IN REPLY PLEASE QUOTE : MPT:MLR

RETINA UNIT

5 Crown Street,  
POTTS POINT, 2011

27th May, 1968.

TO WHOM IT MAY CONCERN

ETTORE CIPOLLONE aged 14 years, was first seen at the Sydney Eye Hospital on June 9th, 1967. On that occasion he was found to be blind in the right eye with faint light perception only. Vision in the left eye was 6/18 with a myopic correction.

The abnormal findings in the right eye were:

1. Ectopic lens with several lens opacities.
2. Complete retinal detachment.
3. Secondary glaucoma.
4. Dense iritis.

It was also noted that the lens was deficient in the lower temporal margin and there was vitreous in the anterior chamber.

The left eye was similarly effected although the retina was undetached and the tension was normal.

He received treatment for the iritis in the right eye and it was considered at that stage that no treatment could be undertaken for the detachment for which no retinal break could be found.

He returned to the hospital six months later. The condition of the right eye was unchanged. The left eye however had now developed a retinal detachment occupying all but the upper nasal quadrant and open breaks were found at the equator from 12 o'clock to 3 o'clock, a small dialysis was found in the lower temporal quadrant and a marked degree of equatorial degeneration was present throughout the remainder of the fundus.

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SYDNEY, 23 Gennaio 1969

Ill.mo Sig.  
Dr. Prof. STRAMPELLI  
OSPEDALE SAN GIOVANNI  
R O M A

Gentile Prof. Strampelli,

da comuni amici abbiamo saputo della Sua alta competenza nel campo medico oculistico ed è per questo che ci permettiamo scriverLe. Abbiamo un caso veramente triste da sottoporLe. Un ragazzo italiano ETTORE CIPOLLONE sta diventando cieco per un'operazione, secondo la mamma di lui, sbagliata dai medici di Sydney.

La mamma del ragazzo non ha fiducia più nei medici locali e ci prega, anzi ci supplica perché ci interessassimo perché lo mandassimo in Italia a curarsi ed eventualmente sottoporsi alle operazioni necessarie.

Loro sono poveri di famiglia ma noi tutti compresa la stampa, Radio e Autorità italiane saremmo disposti fare qualcosa per questo ragazzo. Ma cosa? Vorremmo fare un appello e pagargli il biglietto in aereo di andata e ritorno in Italia ma da chi mandarlo?

La mamma del ragazzo da mesi viene piangere nei nostri uffici e in quelli di tutte le Autorità, strappa il cuore, ma tutta la nostra buona volontà di aiutarla viene annullata dalle difficoltà.

Perciò, illustre Professore, ci affidiamo a Lei per avere qualche consiglio, qualche suggerimento nel tentativo di salvare il ragazzo dalla completa cecità. Si potrebbe mandarlo nella clinica dove Lei dirige? Potrebbe Lei stesso fargli l'operazione? Se tutto questo è possibile, quale sarebbe la spesa?

Ogni Suo suggerimento sarà da noi seguito e tenteremo così l'ultima via per salvare dalla cecità questo giovane.

In attesa di un Suo riscontro, La ringraziamo per quanto vorrà fare per il giovane. Con stima distintamente salutiamo

ANFE