

Correspondence

Vitelliform degeneration and butterfly-shaped pigment alterations

SIR, I read with interest Gutman *et al.*'s article¹ on vitelliform macular dystrophy (VMD) in the right eye and butterfly-shaped epithelial dystrophy (BED) in the left eye of a 22-year-old female. They suggested that these were both expressions of one and the same disease. They referred to the concept of 'patterned' or 'pattern' dystrophies of the retinal pigment epithelium (RPE) by Hsieh *et al.*² and Marmor and Byers,³ in which publications reticular pigment alterations, butterfly-shaped and granular pigmentations occurred in 2 families on a presumed autosomal dominantly inherited manner. These last 2 publications did not mention the simultaneous occurrence of VMD and BED in one family, or even any similarity, as is erroneously stated by the authors.

Both Best's VMD and Deutman's BED are autosomal dominantly inherited dystrophies of the RPE and both may show severely depressed EOG ratios. Adult onset vitelliform lesions without a diminished EOG ratio and without any detectable heredity have been described only recently.^{4,5} They are considered separate entities, different from Best's vitelliform degeneration. Deutman's butterfly-shaped foveal dystrophy is certainly another well-circumscribed nosological entity, which can be mimicked by several totally unrelated diseases: Stargardt's macular degeneration, acquired drusen of Bruch's membrane, rheumatic foveal degeneration,⁶ and myotonic dystrophy.⁷ We had already demonstrated in a patient with an adult-onset vitelliform macular lesion in the same eye a butterfly-shaped degeneration of the fovea,⁸ as Deutman mentioned before us.⁸

I consider any pattern or patterned degeneration of the RPE as a totally aspecific response of the RPE to very different pathogenic stimuli. We could also demonstrate reticular pigment alterations of the posterior pole of the eye in a patient with choroidal folds, and in another with multiple RPE detachments.⁶ A pattern(ed) dystrophy (which by its name implicates a hereditary disease) of the RPE does not exist, but there is certainly a pattern(ed) syndrome of the RPE, initiated by several different stimuli. So it is possible to find butterfly-shaped degenerative lesions of the RPE in patients with vitelliform disease of the RPE, even in these vitelliform lesions themselves.

There is no necessity to postulate a continuum or a common denominator for Best's VMD and Deutman's BED. Butterfly-shaped alterations can occur in a number of totally different RPE diseases, and possibly the same holds true for vitelliform lesions. There is no need either for the acceptance of the concept of pattern(ed) dystrophies of the RPE as a separate nosological entity. The existence of such a disease is the more unlikely because of the lumping together of autosomal recessive diseases (reticular and macrorreticular RPE dystrophy),⁹⁻¹¹ as well as autosomal dominant diseases of the RPE (Deutman's BED and fundus pulverulentus). However, the presumed occurrence of autosomal dominant reticular and macrorreticular

degenerations of the RPE^{12,13} adds to the confusion in designing a classification of the RPE diseases.

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Obituary

Jean M. Dollar, MS, FRCS, DOMS

Jean Dollar died on 20 April 1982 peacefully at home. She was born in London at the turn of the century. Her father, uncle, and grandfather were veterinary surgeons practising in Bond Street. After schooling in London she attended the London School of Medicine for Women and in 1926 graduated. She obtained the diploma in ophthalmic medicine and surgery in 1929, proceeding to her mastership in 1935 and final diploma of the Royal College of Surgeons in 1936. This same year she was appointed to the consultant staff of the Royal Eye Hospital, London. Her other consultant appointments included St Olave's, Elizabeth Garrett Anderson, and Royal Free Hospitals. In 1945 she was elected Hunterian professor at the Royal College of Surgeons of England.

Her main commitment throughout her working life was to the Royal Eye Hospital, where during the war of 1939–45 she was one of the few members of staff not on active service. In the initial postwar period the hospital was amalgamated with King's College Hospital. This link was severed in the mid 1950s, and as chairman of the Medical Committee she skilfully steered the hospital through an inevitably disruptive period. In succeeding years she was a long-standing member of the Group Management Committee.

She was a deft and gentle surgeon and in the early 1950s, together with a colleague, devised a technique of exenteration of the orbit and postoperative fitting of a prosthesis, enabling young patients with sarcoma of the orbit to have a more bearable period of life which was left to them. Her calm, reassuring approach endeared her to her patients, and her colleagues found her to be a strong member of their team, with a refreshing humour. Postgraduate and undergraduate students benefited from her teaching, which she enjoyed, latterly imparting great wisdom gained from her experience and often punctuated by poignant anecdotes. She gave stalwart support to nursing matters, and her interest in her patients extended beyond the hospital. She possessed and developed a unique association with medical social workers on their behalf.

Although not a physically energetic person, particularly in later years, she enjoyed walking on holidays, visiting places of archaeological or wild fauna interest. A reluctant housekeeper and gardener, her main leisure enjoyment was reading, so that, despite her natural shyness, she was an interesting and entertaining conversationalist. She retired from practice 17 years ago, and her death is a sad loss.

DOREEN A. BIRKS

Book reviews

Adler's Physiology of the Eye: Clinical Application. 7th edn. Ed. ROBERT A. MOSES. Pp. 747. C. V. Mosby: London. 1981.

This book lives up to the high standard of production shown in the previous (1975) edition, and, as before, it is designed to emphasise the clinical aspects of its subject matter. As with any book having a multiplicity of authors there is both overlapping and omission, but in general the editor and his team are to be complimented on a most useful textbook.

Most of the sections have been updated and extended, but it is rather surprising to find that the discussion of retinal neurotransmitters in the section on retina and optic nerve is practically the same as in the 1975 edition and that there is no mention of the technique of specular microscopy in the section dealing with the cornea. The section previously headed 'Iris and Pupil' is now simply 'Pupil,' and, while some material has been deleted, the discussion of iris pharmacology has been updated. The section on visual acuity has been rewritten, and, by contrast with the 6th edition, very little is said about the use of gratings. One would also

have liked to see a little more about the role of timolol as an ocular hypotensive drug and some discussion of recent work on lens proteins.

These are, however, minor blemishes. On the positive side the new 'Adler' has a fresh lease of life in an edition only some 40 pages longer than its predecessor and containing as a new feature a 'Biological Index' which, apart from its intrinsic value to the reader, serves to indicate the importance of comparative studies in this field.

D. F. COLE

Guidelines for Programmes for the Prevention of Blindness. World Health Organization. Pp. 47. No price given. WHO: Geneva. 1979.

This is a work of reference which can be adapted as required for the planning of national or regional programmes for the prevention of blindness.

It was prepared at a meeting held in Asilomar, California, USA, in October 1978 and jointly sponsored by the WHO centre for reference and research on trachoma and other chlamydial infections, the FI Proctor Foundation, San Francisco, the International Eye Foundation, and the World Health Organisation.

There were 40 participants at the meeting representing the following countries—USA; Britain, Australia, Switzerland, China, Nigeria, Peru, Egypt, Guatemala, Upper Volta, Sri Lanka, Barbados, Kenya, and Indonesia.

It was agreed that most of the blindness that affects some 30 or 40 million people in the world mainly occurs in the less developed areas where malnutrition and infections are common, and it is potentially avoidable. The goal of the WHO programme for the prevention of blindness is to eliminate the burden of avoidable blindness, for which there are many simple and effective preventive measures that can be applied.

It was decided that the 4 principles for action in a national programme to eliminate avoidable blindness and visual impairment are: (1) the identification of communities with a high prevalence of avoidable blindness and determination of its cause; (2) the provision of early treatment to the worst affected communities by using preventive and therapeutic measures, and when there is an accumulation of patients in need of surgery (e.g., for cataract or distorted eyelids) surgical treatment should be carried out if a mobile surgical team is available; (3) the establishment of therapeutic and preventive measures for the promotion of eye health; (4) the improvement of ophthalmic services so as to provide an adequate referral system and a centre where supervision and training of personnel can be carried out.

It is emphasised that an effective blindness-prevention programme cannot be accomplished by the medical profession alone. Intervention must be based on the presence of cultural and social factors, general education, food production, nutrition, water supply, and transport, and it needs support from public and private sectors. An assessment of 'ocular status' (i.e., an investigation of the magnitude and causes of blindness within the region or country) is essential in order to plan an effective



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