

Correspondence

K-Y jelly as a gonioscopy fluid

SIR, Mr H K Mehta reported 'A new use of K-Y jelly as a gonioscopy fluid'.¹ Apparently he was unaware that Aquino and Francisco had described the successful use of K-Y jelly in gonioscopy 14 years previously.²

Aquino and Francisco found that clear images were obtained when the transparent K-Y jelly was used with Goldmann three-mirror and Hruby contact lenses. Its high viscosity made the application of the gonioscopy lens to the eye easy and minimised bubble formation during the examination. The authors compared the effects of K-Y jelly in one eye with those of hydroxypropylmethylcellulose 0.5% solution in the other eye of 50 patients. K-Y jelly caused less decrease in visual acuity and fewer complaints (blurred vision, haloes, lacrimation, periorbital or orbital pain, and foreign body sensation). The preparation was not toxic to the corneal epithelium as judged by rose bengal staining. The K-Y jelly remained sterile during the duration of their study.

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References

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- 2 Aquino MV, Francisco RM. K-Y jelly in gonioscopy. *Philippine J Ophthalmol Otolaryngol* 1972; **4**: 169-72.

SIR, I am grateful to Dr Leonard Apt for bringing to my notice the previous work by Aquino and Francisco describing the successful use of K-Y jelly in gonioscopy. I was completely unaware of this work, and give my unqualified apology to Dr Aquino and Dr Francisco. I am pleased to see that our study has produced the same conclusion arrived at by them. It is a sad reflection on possibly the inertia of the ophthalmic profession that their suggestion made 12 years ago has not been taken up by the profession.

I would like to take this opportunity to state that there has been a tendency to use the jelly in liberal amounts to fill the cup of the gonioscope. With our further experience we now use only enough jelly to fill one quadrant of the gonioscope cup. Even this amount allows successful gonioscopy on the second eye without recharging the gonioscope cup with the jelly.

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Eye injuries due to explosion of bottles

SIR, I have read with interest the article on 'Ocular injuries from carbonated soft drink bottle explosions' by Mahmoud

Al Salem and S M M Sherif,¹ where they reported 16 cases of ocular injuries in Kuwait, Arabian Gulf. In their report the bottle cap was responsible for concussion in two cases only. In July 1978 we published an article entitled 'Eye injuries due to explosion of carbonated drink bottles'² in which 26 injured persons were reported. In 80% the eye was injured by the flying cap of the bottle and in 20% by glass fragments of the exploding bottle; 20% of them have become legally blind and in 15% vision has remained seriously impaired.

To prevent this injury the Israel Institute of Standards imposed stricter regulations for ensuring the safety of bottles containing carbonated soft drinks. It insisted on an improved cap and the replacement of glass bottles by non-returnable plastic ones. Since those measures were taken, only rare cases of eye injury by carbonated soft drink bottles in Israel have occurred.

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References

- 1 Salem M Al, Sherif SMM. Ocular injuries from carbonated soft drink bottle explosions. *Br J Ophthalmol* 1984; **68**: 281-3.
- 2 Avisar R, Savir H. Eye injuries due to explosion of carbonated drink bottles. *J Israel Med Assoc* 1978; **95**: 2.

SIR, We were not aware of the article of Drs Avisar and Savir on the subject,¹ though we did our best to review all the available English literature on it. Their article was in Hebrew, though it had a summary in English. In our series² two cases (14%) of concussion injury were caused by flying caps as opposed to the majority of perforating injury caused by flying pieces of shattered glass of the bottle. The same type of injury was described by Mondino *et al.*³

We have discussed with the experts in the management of this industry the difference in the two countries. It could be attributed to possible differences in manufacture, where the bottle is of stronger quality relative to the sealing cap. Therefore it gives way first when there is an increase in pressure.

Through the collaborative efforts of official and semi-official organisations in Kuwait the public has been made aware of this type of injury. Many people are not using glass bottles in their houses and they have been replaced on a large scale by plastic bottles and tins or plastic wrapped glass bottles of non-returnable type. The incidence of this type of injury has started to decline in our present experience. This problem and other similar problems will be discussed in Ocular Trauma Symposium in Kuwait in April 1985.

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